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Report of the Initial Focus Groups

on

Nutrition And Your Health: Dietary Guidelines For Americans,
Fourth Edition

**U.S. Department of Agriculture
Center for Nutrition Policy and Promotion**

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Prepared by
Systems Assessment & Research, Inc.
5900 Princess Garden Pkwy, Suite 670
Lanham, MD 20706
(301) 731-4300
(301) 731-4303 fax
HQ@SARCORP.COM
www.sarcorp.com

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GLOSSARY

The following abbreviations denote the cities, type of focus groups, and gender of participants which apply throughout the report:

City: Baltimore, MD=B
 Houston, TX= H
 Chicago, IL= C

Group Type: General Consumers = GC
 Elderly Citizens = EC
 Food Stamp Citizens = FS
 Overweight Citizens = OW
 Health Professionals = HP

Gender: Male = M
 Female = F

For Example, "B.GC.M" refers to a Baltimore area male participant in the General Consumer Group; and "H.HP" refers to a Houston area participant in the Health Professional Group.



Executive Summary

On behalf of the Center for Nutrition Policy and Promotion (CNPP), USDA, Systems Assessment & Research, Inc. conducted the initial focus groups testing to assess consumer understandings of the concepts and messages presented in the Fourth Edition of the Dietary Guidelines for Americans (DGA), and the extent to which health professionals have used the DGA in preparing nutrition education materials for the general public.

Methodology

The research team at Systems Assessment & Research, Inc. followed established focus group methodology to conduct the study and to carry out the analysis. A total of 14 focus groups were conducted in July 1999 across three locations: Baltimore, MD; Houston, TX; and Chicago, IL.

Two general consumer (one male and one female), one overweight (female), and one older American (female) group were conducted in Baltimore, Maryland.

One food stamp recipient (female), two general consumer (one male and one female), and one health professional group were conducted in Houston, Texas.

One overweight (male), one older American (male), one food stamp recipient (male), and two general consumer (one male and one female), and one health professional group were conducted in Chicago, Illinois.

The focus groups were organized by the facilities that hosted the groups in each of the three cities. Participants were recruited according to criteria developed by Systems Assessment & Research, Inc. in collaboration with CNPP officials, and a Participant Screener was used. Two Moderator Guides were prepared: one for the general consumer groups and one for the health professional groups.

All the focus group meetings were audiotaped. This report summarizes the findings from all the groups and is based on direct observation of the groups, the audiotapes, and the observers' notes.

Major Findings

(1) Awareness of the Dietary Guidelines

- A vast majority of the respondents, including the health professionals, had not heard of the DGA booklet. Among those who had heard of the DGA, none had ever seen a copy of the booklet or had ever used its contents.



- Most health professionals had used similar information contained in the DGA booklet through other sources.
- The general consensus among the health professionals was that the information contained in the DGA booklet needed to be simplified and it would be beneficial to have more specific directions such as a sample diet.

(2) General Understanding of the Dietary Guidelines

- Most respondents thought negatively of the word “diet.” All consumer groups felt that the phrase “food choices” was significantly more positive.
- Most health professionals said that both their clients and themselves disliked the word “diet.” As an alternative, they suggested using “food choices,” “nutrition or eating guidelines,” “healthy menus,” and other similar word choices.

(3) Specialized Understanding of Dietary Guidelines and Related Topics

Variety Food Guideline

- A majority of the respondents liked the phrase “Eat a Variety of Foods” better than the other choices. This view was shared by the health professionals.
- Most people preferred the option of “Use the pyramid to shape your eating pattern” over “Adapt the pyramid to plan your healthful eating pattern.”
- Both general consumers and health professionals chose the word “healthy” as a description in front of the phrase “eating pattern” instead of “healthful.”
- Most general consumers thought “healthful” made the guideline wordy and did not add anything.

Physical Activity-Weight Guideline

- There was no general consensus on the difference between healthy weight, normal weight, and desirable weight.
- A majority of the respondents, including health professionals, preferred the phrase “Achieve and maintain a healthy weight” to the current wording “Maintain or improve your weight.”
- Except for health professionals, Body Mass Index (BMI) was an unfamiliar concept to most participants. A majority of them preferred the Format A (without BMI level labeled) of the BMI chart because it was easier to read.



- All were in agreement that physical activity was extremely important, and that there was a need for a separate guideline.
- When asked what physical activity meant, groups mentioned exercise in some form, even if it is housework. This included washing clothes, going up stairs, or general housework. Men tended to mention structured exercise or sports, but admitted that “anything you do” is helpful. A few respondents, both males and females, felt that physical activity was restricted to specific activities including jogging, swimming, or going to the gym.

Grain Products, Vegetables, and Fruits Guideline

- The concept of “whole grains” was very unclear to most of the participants.
- Most respondents said eating whole grains was important. However, they did not eat more whole grains because of taste, texture, cost, inaccessibility, and family eating habits.
- Respondents usually identified oatmeal, brown rice, and whole wheat bread as whole grains.
- General consumers and health professionals were divided about separating fruits and vegetables from grain products into two separate guidelines; one for fruits and vegetables, and one for grain products.
- Most respondents liked the wording of “Choose a variety of grain products daily, especially whole grains,” because it increased emphasis on whole grains. However, some consumers and some health professionals considered this phrase too long and complex.
- When asked what did “serving” mean, many respondents did not have a clear definition. They requested that experts should provide them with some indication of the standard serving size for general categories of foods (e.g., for vegetables, cooked or raw).
- Moreover, all groups seemed to feel that “serving” and “portion” differed with portion meaning “what you actually put on your plate.”
- Most respondents liked “Choose a variety of fruits and vegetables daily” more than “Eat plenty of different fruits and vegetables every day.” This view was also shared by health professionals.



Fat Guideline

- Most respondents did not know what “30% of calories from fat” meant; nor did many know the difference between total fat, saturated fat, and cholesterol.
- The meaning of “low and “moderate” in relation to fat were not clear among the respondents.
- Together with the health professionals, most participants preferred the proposed wording of “Choose foods low in saturated fat, cholesterol, and total fat.”
- Several respondents did notice and commented on a change in the order of the words in the new guideline, that it put saturated fat first. They said, “it is easier to understand.”
- All groups felt that neither of these proposed wordings (“Choose foods low in saturated fat and cholesterol, and moderate in other fats” and “Choose foods low in saturated fat, cholesterol, and total fat”) do a very good job in explaining what the average person needs to do about fat content. They felt that neither guideline gave them sufficient information or guidance.

Sugars Guideline

- Most general consumers were under the impression that sugars should be limited in one’s diet.
- With respect to a guideline stating, “Go easy on beverages and foods high in added sugars,” most respondents found the term “go easy” was not firm in intent. The word “limit” was preferred to “go easy.” Health professionals also thought “limit yourself” was a better choice of words.
- Examples of food and beverages with added sugars were easy to identify by consumers and included: soda, juice, cereal, canned fruit, alcohol, all processed foods, etc. Many respondents also identified sodas, juice drinks, ice cream, and cereals as being particularly high in added sugars.

Salt/Sodium Guideline

- Most respondents did not know if there was a difference between salt and sodium, but could name foods or seasonings (other than salt) that were high in sodium. Respondents named such items including: soy sauce, pickles, MSG, hot sauce, meat tenderizer, canned vegetables, ketchup, processed meats, frozen meals, teriyaki sauce, meat marinades, bottled water, and some medicines.
- A majority of the general consumers liked the wording of “Choose and prepare foods with less sodium and salt.”



- Everyone agreed that the proposed guideline applied to foods eaten at home and away from home; however, it was pointed out that one generally could not know how much sodium was in foods prepared away from home.

Alcohol Guideline

- The word “moderate” in the guidelines meant different things to general consumers. Health professionals also said that the term “moderate” should be defined clearly.
- There was no consensus on whether to combine both the benefits and risks of alcohol consumption in the same guidelines.
- As for nondrinkers, many respondents did not believe combining the benefits and risks of alcohol consumption in the same guideline would encourage them to drink.

Food Safety Guideline

- Many participants did not immediately understand the term “food safety.” However, they did understand the concept of how to keep food safe, and could name “refrigerate perishables,” “don’t thaw food on the counter,” “clean counters,” “keep meat in the bottom of refrigerator,” “don’t cross-use utensils and plates,” “use plastic bags instead of using foil,” “don’t let food touch,” and “don’t use rags to wash counters.”
- All groups agreed that the topic on food safety was important, and believed that a separate guideline should be included in the DGA.
- Many health professionals did not like the proposed guideline on food safety. Their reactions to the proposed food safety guidelines was that the information was not sufficient.
- Most general consumers liked the expression “Handle food safely from market to table.” However, health professionals felt the wording was not clear and that there was not enough information in the proposed food safety guideline.

Dietary Supplements

- When asked to name food supplements, participants named everything from vitamins and minerals to weight loss products and liquid meal replacements.
- Many respondents felt that dietary supplements were something that could be used in place of eating.



- After further probing, some general consumers thought everyone should use dietary supplements, because they could get in the system quicker than regular foods could.
- Health professionals were generally knowledgeable about dietary supplements and believed that their clients would be able to name some correctly.

(4) Efficacy of the Dietary Guidelines

- Many respondents said that “food pyramid” was the most useful part of the DGA, and that they would use the information in the meal planning.
- Other general consumers also suggested that the food pyramid be presented in a way that families could put it on the wall or refrigerator as well.

(5) Ideas for Disseminating the Guidelines

- Most focus group participants, together with the health professionals, preferred a format of grouping the ten guidelines into three groups instead of all ten in a row, because it was easier to read and understand. They also felt it was eye-catching.
- Like the general consumers, many health professionals liked the boxed information in the DGA and the section of “Advice for Today.”
- Participants from different focus groups made a number of suggestions to disseminate the DGA. They included the following frequent suggestions: publish booklets; release through mass media; develop TV programs; disseminate information in groceries, pharmacies, doctor offices, and social services agencies; prepare bilingual booklets; establish an 800 number; and organize nutrition classes.

Recommendations

Based on the findings from the initial focus group testing, the research team recommends the following priorities for future actions regarding the Dietary Guidelines:

- (1) Increase awareness of the Dietary Guidelines to all Americans through developing an action plan to widen the circulation of the guidelines in combination with multifaceted dissemination techniques through various media.
- (2) Develop the Dietary Guidelines in multiple publication formats in addition to a booklet.
- (3) Avoid ambiguous and negative concepts/messages in the guidelines. All terms must be clearly defined and operationalized, and include reference points and examples.



Chapter 1: Introduction

This report presents the findings on Focus Groups conducted to assess consumer understanding of the concepts and messages presented in the *Nutrition and Your Health: Dietary Guidelines for Americans* (DGA), Fourth Edition, and the extent to which health professionals have used the DGA in preparing nutrition education materials for the public. Systems Assessment & Research, Inc. conducted the study entitled **Consumer Dietary Guidelines** on behalf of the Center for Nutrition Policy and Promotion (CNPP), Food, Nutrition and Consumer Services, United States Department of Agriculture (USDA). The following sections describe the background of the study and organization of the report.

1.1 BACKGROUND OF THE STUDY

Development of Dietary Guidelines

In 1902, the first director of the USDA Office of Experiment Station publicly announced that an important factor in general well-being and health was the intake of a variety of foods in moderation and in proper proportion. Based on this research and recommendations, the first USDA food guide was made available to the public in 1916.

Continued research in the area of nutrition revealed that certain foods and food groups were more important than others in the promotion of good health. Thus, in 1946 the USDA published a food guide entitled, *The Basic Seven* to promote the idea that specific food groups were essential. In 1958, *The Basic Four* was published to inform the public that certain kinds of foods were necessary in the diet to provide specific nutrients. The 1960s produced a quantum leap in the field of nutrition research when several well-documented medical studies indicated that specific diseases might be linked to the consumption of certain dietary components and recommendations were made to discourage and reduce the intake of specific dietary items.

The USDA collaborated with the U.S. Department of Health and Human Services (DHHS) in publishing *Nutrition and Your Health: Dietary Guidelines for Americans* (DGA) in 1980. The focus of this report was to caution the public about the need to reduce the intake of fat, sugar and alcohol, and increase the intake of starch and fiber to reduce the risk of chronic illnesses, such as heart disease, high blood pressure, diabetes, dental cavities, and some cancers. In 1990, the two agencies were mandated (by Section 301 of the National Nutrition Monitoring and Related Research Act of 1990 [7.S.C.5341]) to publish a report, entitled, *Dietary Guidelines for Americans*, every five years.

In January 1996, the Fourth Edition of the booklet, *Nutrition and Your Health: Dietary Guidelines for Americans*, was released for public dissemination. This edition of the Guidelines was written to be more user-friendly than previous versions and included positive practical messages. The Guidelines emphasized balance, moderation, and variety in food choices and placed special emphasis on the importance of grain products, vegetables, and fruits. To enable consumers to apply the messages, it provided specific examples of foods that deliver nutrients, including foods available from various cultures.

The seven guidelines included in the Fourth Edition are:

- Eat a variety of foods
- Balance the food you eat with physical activity—maintain or improve your weight
- Choose a diet with plenty of grain products, vegetables, and fruits
- Choose a diet low in fat, saturated fat, and cholesterol
- Choose a diet moderate in sugars
- Choose a diet moderate in salt and sodium
- If you drink alcoholic beverages, do so in moderation.

These seven guidelines are consistent with the recommendations of the Dietary Guidelines Advisory Committee, a group of widely recognized nutrition and medical experts who served as a resource in the development of the Guidelines.

Furthermore, both the USDA and DHHS are carrying out their missions to keep the public informed of matters pertaining to health and health risks. Through the preparation of the DGA, they are informing the public of the latest knowledge in the health risks involved in the selection and preparation of foods. In addition, the DGA forms the basis of all federal nutrition education and promotion activities.

The Consumer Dietary Guidelines Study

The main purpose of the current Consumer Dietary Guidelines Study is to gather information to be used in the message development and communications effort of the *Dietary Guidelines 2000*.

The major task of the first set of focus groups is to:

- Assess the extent to which consumers are aware of and understand the concepts and messages of the DGA as presented for consumers in HG 252, *Nutrition and Your Health: Dietary Guidelines for Americans*, Fourth Edition; and

- To gather input to determine the extent to which health professionals have used the DGA in preparing nutrition education materials and audiovisual DGA messages for the public.

The major task of the second set of focus groups is to:

- Obtain consumer reaction to prototype sections of nutrition materials based on preliminary drafts of the anticipated *Dietary Guidelines 2000*.
- Use information gathered from the focus groups to develop a communication plan to promote *Dietary Guidelines 2000*.

The present report addresses the findings of the first two tasks mentioned above.

1.2 ORGANIZATION OF THE REPORT

This report is organized in four Chapters. Chapter 1 is the introduction and describes the background of the study. Chapter 2 discusses the methodology of conducting focus group meetings including the process and documentation of findings. Chapter 3 addresses the findings of the initial focus group testing. The findings of general consumers and health professionals are presented separately. Chapter 4 of the report summarizes the main findings and presents recommendations for the development of *Dietary Guidelines 2000*.



Chapter 2: Methodology

This section describes the methodology and process of the initial focus group testing and assessment of consumers' and health professionals' understanding and application of the Dietary Guidelines for Americans (DGA). It also includes descriptions of focus group participants, documentation, analysis of the responses, and the limitations of the findings.

2.1 OVERVIEW OF THE FOCUS GROUP METHODOLOGY

As a methodology, a focus group is defined as a qualitative research method that does not involve the use of close-ended questionnaires and statistical analyses but rather is more phenomenological in nature. It allows the researcher to obtain a full insight into participants' perspectives, and gain more depth on each topic, while participants select the manner in which they respond. Furthermore, it encourages interaction among the respondents where people can react to and build upon the responses of others.

For the purpose of the present study, the focus group method was used to analyze and assess understanding of the DGA and to gain a perspective on the extent of their utility. This is to provide insight into the participants' knowledge of some concepts contained in the DGA as well as their views and perceptions regarding the design elements, understandability, and their reaction to the proposed changes. This evaluation was also used to formulate recommendations regarding the most effective ways of communication and dissemination of the DGA.

In this study, the role of the focus group moderator was to encourage participants to elaborate on the meaning of important terms, to develop depth, cross-participation and interaction on a given topic, and to guide participants to articulate issues in their own words.

The assessment of the DGA with respect to clarity, as well as the participants' comprehension, choice of expression, and the extent of the utility of the DGA was carried out by the analysis of focus group notes and statements. This analysis began with a comparison of the notes, words, the context, the frequency, the extensiveness of the comments, and the emphasis or intensity of the respondents' remarks and responses. The researchers also considered the specificity and consistency of the responses in follow-up probes, through which many important ideas also emerged not only in the responses to key questions but through the discussion.

In preparation of the study report, the research team at Systems Assessment & Research, Inc. sought primarily to identify participant responses that were repeated or were common among several participants. However, attention was also placed on the range and diversity of experience or perceptions. The team identified those opinions, ideas, or feelings that were repeated, even though they might have been expressed in different

words or style. We present the identification of opinions, ideas, or beliefs in Chapter 3: Detailed Findings.

2.2 OBJECTIVE OF THE STUDY

The overall objective of the research was to ascertain consumer knowledge of specific concepts contained in the Dietary Guidelines, as well as perceptions regarding some design elements, understandability, and reaction to proposed changes in the Guidelines. Specifically, information was obtained on the following:

- (1) Awareness of the Dietary Guidelines
- (2) General Understanding of the Dietary Guidelines
- (3) Specific Understanding of Dietary Guidelines and Related Topics
 - Eat a variety of foods
 - Physical activity-weight
 - Grain products, vegetables, and fruits
 - Fat
 - Sugars
 - Salt and sodium
 - Alcohol
 - Food safety
 - Dietary supplements
- (4) Efficacy of the Dietary Guidelines
- (5) Ideas for Dissemination of the Guidelines

2.3 SELECTION OF FOCUS GROUPS

To assess consumers' and health professionals' opinions, usage, and familiarity with the contents of the *Dietary Guidelines for Americans*, (Fourth Edition), fourteen focus groups were conducted by researchers at Systems Assessment & Research, Inc. in July 1999.

Specifically, twelve groups were conducted with general consumers as well as with a set of special audiences that included: overweight consumers, food stamp recipients, and older Americans. In addition, to further assess possible ways in which DGA is employed, two groups were conducted with health professionals. To achieve some degree of geographic dispersion, the groups were held in three locations—Baltimore, Maryland; Chicago, Illinois; and Houston, Texas. The locations, dates, and descriptions of each group are outlined as follows:

(1) Baltimore, MD (July 6, July 7, and July 23, 1999)

2 groups with general consumers (one male, one female)
1 group with females who are overweight
1 group with older (over age 60) Americans (female)

(2) Houston, TX (July 12 and July 13, 1999)

1 group with food stamp recipients (female)
2 groups with general consumers (one male, one female)
1 group with health professionals

(3) Chicago, IL (July 18, July 19 and July 20, 1999)

1 group with males who are overweight
1 group with older (over age 60) Americans (male)
1 group with food stamp recipients (male)
2 groups with general consumers (one male, one female)
1 group with health professionals

The focus groups were organized by the facilities that hosted the groups in each of the three cities. Groups were recruited according to criteria developed by Systems Assessment & Research, Inc. in collaboration with USDA staff. A Participant Screener was used (see Appendix B). The screener was developed to ensure a mix of participants within the groups without creating such disparity that participants could not discuss the issues in a cohesive fashion. The criteria were first developed for the general consumer groups and then matched as closely as possible for the special audience groups so that differences in perceptions could be ascribed to real group differences rather than differences in the demographic mix of the groups. In some cases, the criteria were altered somewhat for the special audiences, such as for income and employment status for older Americans; and income, employment status, and education for food stamp recipients.

The screening criteria for the focus groups were as follows:

General Consumer Groups

(1) Exclude the following individuals:

- People who live in households that include:
 - doctors, nurses, or other health professionals
 - nutritionists or dieticians
 - marketing research or advertising professionals
 - vegetarians, those on a medically prescribed diet, or on a special diet for health reasons

--people diagnosed with heart disease, high cholesterol, cancer, diabetes, or stomach ulcers

- Anyone who has participated in a focus group during the past 6 months
 - Anyone who cannot read well enough to evaluate the materials
- (2) Gender: Selection is based on assigned group types.
- (3) Household Income: Recruit a mix of individuals in the income brackets of \$25,000 to \$50,000; \$50,000 to \$75,000; and over \$75,000.
- (4) Race: Recruit a mix of White, African American, Hispanic, and Asian individuals.
- (5) Age: Recruit a mix of individuals between 25 to 60 years for the general consumer group, food stamp groups, and overweight groups. Recruit persons over 60 years of age for the older American group.
- (6) Education: Recruit a mix of high school graduates and college graduates.
- (7) Employment: Recruit a mix of participants who are employed either on a full- or part-time basis, and those who are not currently employed.
- (8) Martial Status: Recruit a mix of single, married, and other.
- (9) Weight: Recruit individuals with a Body Mass Index (BMI) of 29 or higher for overweight groups only.
- (10) Food Stamps: Recruit individuals who live in households receiving food stamps for food stamp groups only.

Altogether, 123 individuals participated in the twelve general consumer groups.

Health Professionals

Inclusions: Recruit individuals who are currently employed or pursuing an education program in the field of medicine, nutrition education, dieting counseling, nursing, or a related health profession.

Other selection criteria: Recruit a mix of individuals based on gender, household income, race, age, education, employment, and marital status as discussed above.

Altogether, 24 persons attended the two health professional groups. The majority of the participants were nurses (59 percent). Dieticians and diet technicians accounted for 23 percent, and the remaining 18 percent were therapists and medical technicians.

2.4 PARTICIPANT SCREENER

Systems Assessment & Research, Inc. developed a screener guide (see Appendix B) to reflect these mentioned criteria. The guide was used by the host facilities to recruit the groups by telephone. Potential participants were identified through banks of names maintained by these facilities in random calling. An incentive of \$50 to \$75 was paid to all participants.

The groups were recruited to conform as closely as possible to the screening criteria as outlined. Depending on the group, 10 to 12 participants were recruited to ensure that each group would include eight participants. All groups did in fact include at least eight participants.

Furthermore, no groups deviated appreciably from the screening criteria as outlined. Where differences did occur, they could generally be ascribed to the natural characteristics of the population of interest. As the finding for the focus groups is not of a quantitative nature, these small differences between groups exert minimal effects on the results reported.

2.5 MODERATOR'S GUIDE

Two separate moderator's guides were prepared by Systems Assessment & Research, Inc. One was prepared for the general consumer groups, and the other targeted the health professional groups.

The moderator's guides were designed to reflect the study objectives. Copies of the moderators' guides can be found in Appendix C.

The current DGA booklet (see Appendix A) was used when testing the specific concepts presented in the moderator's guide. Participants were asked to read the relevant selection or look at the relevant graphic and were then led in a discussion by the moderator. A series of handouts (Appendices D and E) were also used by moderators to illustrate both current Guidelines wording and proposed wording, and overall presentation, as well as format changes to weight charts.

Most of the questions posed to health professionals were the same questions as those asked of the General Consumer Groups except that health professionals were asked opinions on what their clients might perceive from reading the information contained in the DGA. Questions were also asked about their own perceptions.

2.6 DOCUMENTATION OF FINDINGS

All of the focus group sessions were audiotaped. This report summarized the findings from all the groups and is based on observation of the groups, the audiotapes, and the observation notes. An Executive Summary highlights the major findings, while results from the general consumer groups along with those shared by the special audiences are presented in Chapter 3 of the report by topic. Differences that occurred among the special audiences are then delineated. The findings are illustrated with verbatim quotations from the groups.

All findings and analysis are based on independent observation by two observers, who are personnel of Systems Assessment & Research, Inc. A consensus of all group opinions is presented on each topic as well as any major dissenting opinions, differences in special audience reactions, and interesting outlying comments. The analysis is based on the established procedures as described in the methodology overview Chapter.

2.7 LIMITATIONS

All ideas presented in this report are based on the opinions of at least one and generally several participants in the focus groups. Care is taken in the analyses of the results to give an accurate depiction of the degree to which opinions were shared both within and across participant groups. However, the findings are clearly not quantitative in nature, and a word of caution regarding interpretation is in order. As with all focus group research, the findings are phenomenological in nature, and based on a relatively small sample of respondents in a limited number of locations. They should be interpreted as suggestive and directional rather than definitive. Therefore, all key findings and recommendations presented in this report should be viewed with caution and should be used as a starting point for additional evaluation on the issues raised in the focus group meetings.

Another limitation of the study is that, given the small number of health professional groups (two) as compared to general consumer groups (twelve), consumer opinions have been given more prominence throughout the report.



Chapter 3: Detailed Findings

This section of the report presents in detail the findings related to the five key discussion topics in the Focus Group Meetings.

The topics are:

1. Awareness of the Dietary Guidelines
2. General Understanding of the Dietary Guidelines
3. Specific Understanding of Dietary Guidelines and Related Topics
4. Efficacy of the Dietary Guidelines
5. Ideas for Disseminating the Guidelines.

In general, findings among the various consumer groups are presented first, along with opinions expressed by the health professional groups. The findings are also illustrated with selected verbatim quotations from the Focus Group participants.

3.1 AWARENESS OF DIETARY GUIDELINES FOR AMERICANS

After self-introduction and a brief discussion of their usual types of food purchases, the Focus Group moderator handed each participant a copy of the *Dietary Guidelines for Americans* (DGA), Fourth Edition. The moderator then began to probe the participants' awareness of the DGA. Findings among the various consumer and health professional groups are presented as follows:

(a) General Consumers

- The participants were asked if they had ever heard of the DGA booklet. With the exception of a few participants from the Chicago area, no respondents had heard of the DGA booklet.
- The few exceptions belonged to the "overweight" and "general consumers" groups. They responded that they had learned about the DGA either through television or from school. However, none of them had ever seen a copy of the DGA booklet.

"Yes, I'm a school teacher. This is what they give to kids in the health education classes." (C.OW.M)

"Yes, but I've never seen it." (C.OW.M)

- Furthermore, for those who have heard of the DGA booklet, none of them acknowledged using the information in the booklet.

(b) **Health Professionals**

- When the health professionals were asked whether they had used the DGA booklet, it was surprising to learn that the overwhelming majority of them did not use it and had not heard of it. Most health professionals had used similar information contained in the DGA, but were largely unaware of the booklet itself. This finding applied to the groups in both Houston and Chicago.

"I have not used the booklet, but I have used the information and the pyramid." (H.HP)

- When inquiring what other materials they had used to help clients, most responded that they had used materials from the American Heart Association and a handout of special diets that they had prepared for patients.

"I have used the handout of the pyramid and I've used stuff from the American Heart Association." (H.HP)

- A majority of health professionals described themselves as relatively unfamiliar with the DGA booklet. Only one person reported using it on a regular basis. She stated that:

"Whatever the client needs I place a yellow sticky on a relevant page and mark it. Then we go over it. Frankly, I think it's overwhelming. I don't have the time to go over the whole thing." (H.HP)

- Furthermore, their general consensus was that the information contained in the dietary guidelines needed to be simplified. They thought the booklet was valuable because:

"It looks like it is easy to use because it's highlighted for the particular problem the person has." (H.HP)

- When asked to rate the DGA booklet in general, one respondent from Houston gave it an 8 on a scale of 1 to 10. A few others found the booklet easy to understand and containing lots of information, but needed more practical directions such as a sample diet.

"It has great information on goal setting. I think it needs more directions before we give it to the clients." (H.HP)

- In the opinion of the participating health professionals, clients' understanding of the information contained in the DGA was poor.

"There's generally poor understanding. They think it doesn't apply to them; it applies to everyone but them." (H.HP)

"My patients are so familiar with the food groups, but they don't know the pyramid and it has not been stressed with the older population." (H.HP)

"I don't know if the average American knows what dietary guidelines mean." (H.HP)

- When the participants were asked the question about what would make the DGA more useful to them and their clients, most of them were concerned with the wording of "diet" and "guidelines." They suggested that the booklet needed a "catchier" title. One respondent suggested the need to disseminate the booklet widely.

"People think dietary guidelines is for someone who is sick, not them." (H.HP)

"No one likes the word 'diet.''" (H.HP)

"It would be more useful if it were disseminated more widely." (H.HP)

3.2 GENERAL UNDERSTANDING OF THE DIETARY GUIDELINES

(a) General Consumers

- The Focus Group participants were asked about their interpretation of the word "diet" as it was used in the DGA. The most frequent group of responses were "dietary choices in foods," "eating habits," or "a regular pattern of eating." The second most frequent cited meaning was related to "weight loss." The third most frequent group of responses were linking "diet" to a negative connotation, especially among the overweight participants.

"To me, dietary guidelines is about 'changing eating habits.''" (C.OW.M)

"A lot of people who hear the word 'diet,' they think it's to lose weight." (C.OW.M)

There are two words that I hear all the time and they drive me up a tree. The first is 'obese' and the second is 'diet.''" (C.OW.M)

"When I hear 'diet' I rebel. It's negative to me. I will live my life, as I want to live it." (B.OW.F)

- Specifically, general consumer females said that when they hear the word “diet” they think of losing weight first. However, several participants cited new attitudes which were developing around reactions to diet.

“In the past, it may have been negative, but not now.” (H.F.S.F)

- The consensus of women in Houston, including both food stamp recipients and general consumers, was that diet implied “eating right.” This opinion was shared by general consumer males in Houston. In general, there appeared to be a gender difference in the perception of the word “diet.” Men generally disliked the word “diet” while women related it to losing weight.

“All food is healthy to eat. The minute you decide what’s good to eat, they say it’s bad.” (C.G.C.M)

- In Chicago, men generally equated eating patterns with habit, while women thought about choice and what to eat on a particular day. On the other hand, older Americans had particular difficulty with the concept of diet; and one linked ethnic background with eating patterns. The older males also did not like being told what to eat. They showed no interest in use of the DGA and were not particularly concerned about their eating habits.

“A bunch of elitists in Washington telling me how to eat. I am 70 and 50 pounds overweight and [I] feel great. I don’t want to be told.” (C.EC.M)

“My wife has a weight problem and she stays on them (diets) for 3 to 6 months and then I throw the paper in the fireplace. None of them work.” (C.EC.M)

“Someone says diet and I think of strict guidelines.” (C.EC.M)

“Ethnic background has a lot to do with your eating patterns. We always had vegetables in the country especially in the summer. We had chickens and pigs but little beef. So we ate these especially in the summer.” (B.EC.F)

- When asked about the phrase “food choices” as an alternative to “diet,” all consumer groups responded more positively. Respondents liked either “healthy food guidelines” or “healthy eating habits” in place of, or in addition to, “food choices.” Respondents proposed an interesting alternative to the use of the word “diet.” Their preference was “choose a meal.”

Older Americans had several suggestions for better phrases including:

"Fulfilling choices, satisfying choices, and appealing and nutritious foods, and even 'Meal Guidelines for Tomorrow.'" (B.OW.F)

"It's how you eat on a regular basis. Your pattern equals the time of day, when you eat something and what you eat. It's something you fall into." (B.GC.F)

- Across cities, males made similar suggestions about alternative phrases: "Diet is used so much that 'food choices' is much better." Overweight females made the case that people stereotypically decide that they are eating poorly when this is not the case. At the same time, the overweight participants found the phrase "food choices" to be less negative.

"Just because you are overweight doesn't mean you make bad food choices." (H.OW.F)

"Using these words, I wouldn't think of it as a weight-losing program." (B.OW.F)

(b) Health Professionals

- Regarding the meaning of the word "diet," most health professionals linked it to losing weight or one's eating patterns. They also stressed that both their clients and themselves hate the word diet.

"The way that someone eats. It's a struggle to lose weight." (C.HP)

"I don't like the word diet. It means you have to do this specific thing. No one wants to be told what to do." (H.HP)

"It means that you are going to fail. Here we go again with something that is not going to work. You are taking something else away." (C.HP)

- As for alternative choices of words or phrases, health professionals suggested using the words "nutrition or eating guidelines" or "food choices." Another suggestion was "nutritional ways to eat" or "suggestions for healthy eating." The Chicago group offered "healthy options" and "healthy menus" with the idea of substituting "menus" for "diets," because it would not have such a negative connotation.

"A pattern is created. Certain things trigger other reactions. Like on the way home you stop (and get something to eat), watching TV you put things in your mouth and you don't realize what you are eating." (C.HP)

"Change the word "diet" to "menu." "Choose a menu" rather than "choose a diet." (C.HP)

"'Food patterns' means you eat a certain way all the time. 'Food choices' is what you actually use." (H.HP)

"Eating patterns means how many meals you eat... Eating choices means you are going to eat vegetables or sweets." (C.HP)

3.3 SPECIFIC UNDERSTANDING OF DIETARY GUIDELINES AND RELATED TOPICS

During the focus groups, participants were asked to read a specific guideline from the 1995 booklet, and in some cases to read a short section of the text accompanying the guideline. Questions were asked about participants' opinions on each of the current dietary guidelines, about potential revisions to the guidelines, and about related topics. Topics were covered in the following order: (1) Eat a variety of foods; (2) Physical activity and weight; (3) Grains, vegetables, and fruits; (4) Fat; (5) Sugars; (6) Salt; (7) Alcohol; (8) Food safety; and (9) Dietary supplements. Findings for each of these guidelines and related topics are presented separately.

3.3.1 Variety Guideline

(a) General Consumers

- Instead of the current wording, "Eat a variety of foods," participants were asked about their reactions toward a guideline that might say: "Adapt the Pyramid to Plan Your Healthful Eating Pattern." Overall, general consumer groups, both males and females, thought that this was too long and hard to understand. None of the groups in Houston liked the phrase "Adapt the Pyramid to Plan Your Healthful Eating Pattern," saying things like: "the quote is too long" or "too wordy" (most frequent comments), "too academic" and "too scientific." They felt that neither statement was useful and they felt neither statement was "catchy enough."
- The majority of both male and female older Americans disliked the word "adapt" because they felt it subjected them to rules and was inflexible.

On the other hand, overweight females liked the word "adapt" because it was more explicit and specific.

"A variety of foods could be anything. It doesn't say how much or what exactly, you should eat. The pyramid tells you what to do." (B.OW.F)

"I'm afraid that people will be upset by the direction to 'use' the pyramid." (B.O.W.F)

Moreover, some women tended to like the word "adapt," but were unsure about how familiar most people are with the Food Guide Pyramid and felt that this might create problems with the use of the word "adapt."

- When asked about employing the word "use" instead of "adapt," general consumer groups liked the word "use" better because it was simpler. Everybody in Chicago liked the word "use" rather than "adapt." Some comments were:

"You don't have to change everything that you are doing now. You can tweak it around the edges." (C.GC.M)

"It's hard to adapt to different food every day." (C.FS.M)

"Adapt sounds like a lot of planning and work." (C.GC.F)

"Use the pyramid to plan, to control your eating pattern." (B.GC.M)

- Only a few older Americans liked the word "adapt" better.

"You want to try to reach the masses of people. There are still people out there who won't comprehend what you mean by 'use' a pyramid; in fact they don't understand the pyramid." (B.EC.F)

- When asked to choose between the word "shape" and "plan," all of the groups in Baltimore like the word "plan" better. In Houston, respondents were about equally divided between preferring "plan" and "shape." All agreed that "plan" meant work and reported that they were too busy to put the time into planning. In Chicago, all groups liked the word "shape" instead of plan. Older Americans on the other hand liked "plan" better than "shape," because they equated shape with diet.

Some men generally interpreted "shape" as a female concern and did not identify with this phrase. A few female participants thought "shape" carried a negative meaning.

"I like 'plan' better because you can't change the shape of [a] pyramid or else it wouldn't be a pyramid." (C.GC.M)

"'Shape' goes back to diet. It leaves a negative impression." (C.GC.M)

"Plan is more reasonable. It gives you a choice. 'Shape' reminds me of diet." (B.OW.F)

"A lot of people are geared toward getting into shape; especially women who are shape conscious." (H.GC.F)

- A few food stamp respondents were particularly concerned about the cost or too much work to "plan."

"It could get expensive. People just fix what they can." (C.FS.M)

"Planning takes time. If you talk to a nutritionist, they want you to plan and that's just too much work." (H.FS.F)

- When asked to include the word "healthful" in front of the "eating pattern," most respondents thought it made the guidelines wordy and didn't add anything. Either the respondent was already doing it and didn't want to be told again, or they didn't like it at all. Several respondents said: "The pyramid equals healthy, so by adding the word "healthy," you are repeating yourself."

"I think it's redundant-we already know this is about health." (B.GC.M)

"A lot of people don't even want to hear it. Don't tell me what to do." (H.GC.M)

In Chicago, all groups disliked the term "healthful" and like their counterparts in Houston, liked the word "healthy."

"Healthful doesn't sound very appetizing." (C.FS.M)

"Healthy is better than healthful. Your tongue gets stuck on the word." (C.GC.F)

Older females, however, liked the word, "healthful" – as long as with the word "health," it did not make any difference between "healthful" and "healthy."

"As soon as you say the word health everyone is on the bandwagon." (B.EC.F)

- In applying this food pyramid guideline, the general consumers wanted more specifics that would help them to shop or eat.

"Need to get the specifics." (C.GC.M)

"Make sure I'm getting a little of everything when I shop." (C.GC.F)

"I picture what I eat during the day and see if I ate what the pyramid said." (B.GC.F)

- Few other general consumers found the guidelines hard to read and difficult to plan.

"The whole pyramid needs to be bigger so that I can see it." (C.GC.M)

"Sometimes it's difficult to plan due to schedules." (B.GC.M)
- On the other hand, some food stamp and overweight participants wanted the guideline to be adaptable to fast foods or found the guideline not adaptable to the food they were brought up on.

"The guideline has to be adaptable to fast food restaurants, so I can use it." (H.FS.F)

"We already have. We used to go to fast food restaurants once a week. Now we don't go or we go to Wendy's and try to eat more healthy things." (B.OWF)

"Parents cooked differently the way we were brought up and that tends to govern the way we eat." (C.FS.M)
- Furthermore, older people seemed to have the most difficulty with specifically applying this guideline. They mentioned:

"All of us are in our sixties and seventies. This concept is for younger people with children who need this." (C.EC.M)

"Every day they change the guidelines, so what is right?" (B.EC.F)

(b) **Health Professionals**

- The general opinion or attitude on mass confusion among the public regarding nutritional information was a recurring theme among the health professionals as well.
- Health professionals at both locations (Chicago and Houston) said: "Adapt the Pyramid to Plan Your Healthful Eating Pattern" was too long presenting too much confusing nutritional information.

"The public got very confused when we went from the four food groups to the pyramid. The three dimensional concept of the pyramid is not something people visualize easily." (C.HP)

"The general public would say, 'What are you talking about.' " (C.HP)

- Health professionals generally liked “Eat a variety of foods” and thought that their clients would as well. They thought “Eat a variety of foods” would let clients know that they could have a variety of good things. They did not like “adapt the pyramid” but they liked the word “use.” They thought that clients did not use “adapt” in their vocabulary.

“I think ‘eat a variety of foods’ is inviting them to eat more.” (H.HP)

“‘Use’ is a better word. It is a word that they understand.” (H.HP)

- Similar to the general consumers, many health professionals found the word “shape” to have a negative connotation. They also stated that their clients did not have time to plan their diets.

“‘Shape’ is not good – it has a negative connotation.” (C.HP)

“I really have a problem with that. My clients don’t have time to ‘plan.’ It is too much work.” (H.HP)

“Use the pyramid to balance your eating patterns is better. They don’t like to plan.” (C.HP)

- The health professionals also did not like “healthful” and liked “healthy” better. They made a suggestion to use the pyramid to create your healthy eating pattern. Chicago professionals suggested substituting the word “balanced” for “healthful.”

“Right away we understand that it must be good for me. I don’t see the pyramid so I don’t understand the word ‘healthful’ together, they are really too much.” (C.HP)

- When asked how their clients would apply the guidelines, they said: “*Preventing heart attacks or high cholesterol*” (H.HP). Other professionals said that the client would ignore it, stating that it did not pertain to them, or will eat whatever they chose.

“Teenager and preteens are going to eat whatever they want and throw away the healthy stuff.” (H.HP)

“What clients do depends on their life styles, schedule, and family make up.” (C.HP)

“My clients are going to eat just what they want.” (C.HP)

- On the other hand, an OB/GYN nurse in Chicago noted that her patients were usually compliant because they were fearful of gaining weight.

3.3.2 Physical Activity – Weight Guideline

(a) General Consumers

- When asked what the term “healthy weight” meant, the most frequent statement was “it has to do with weight in proportion to height,” or “the height/weight guidelines or charts.” Many participants stated that it was “what the doctor said it was.” Most men replied that “healthy weight” was the weight at which you felt good. In Chicago, most respondents agreed and said that it was the weight at which you were comfortable and that was recommended by your doctor. They felt that age, gender, and bone mass should be included as factors in determining weight guidelines.

*“The right weight for your height and as little body fat as possible.”
(B.GC.F)*

*“What the doctor says, regardless of your personal circumstances.”
(B. GC.F)*

“Be able to function on a daily basis and do normal things, like climb stairs.” (B.OW.F)

“Weight fluctuates up and down; not sure.” (B.EC.F)

- There was a general discussion in the differences between healthy weight, normal weight, and desirable weight. There was no clear consensus on the differences, but a few participants thought that desired weight was not necessarily good, that a person could have a distorted idea of desired weight, which could lead to eating disorders. The consensus was that desirable weight tends to be unattainable and generally much less than one currently weighs. They illustrated this by mentioning anorexia.

“Women generally think that desirable weight is always less than where they are now.” (B.GC.F)

*“Desirable means where a person feels comfortable or what I want.”
(B.GC.M)*

“Everyone wants to be a size 5.” (H. GC.M)

"Desire a certain weight based on other people or what you see on TV and you are unhappy." (C.GC.F)

"Someone at a healthy weight may want to lose weight to get to a much lower weight that is unrealistic. They want a model's body." (B.OW.F)

"You can desire a weight but it won't be healthy for you. Some might say you are overweight, but if you feel okay you can't say what is a normal weight." (B.EC.F)

- When asked to choose between a guideline that says "Achieve and Maintain a Healthy Weight" or "Maintain and Improve Your Weight," respondents seemed initially divided between the potential effectiveness of the two guidelines. However, after some discussion, the general consensus was that the respondents liked the wording of "Achieve and Maintain a Healthy Weight," feeling that the order was correct, that one had to achieve a healthy weight before one could maintain it. Several participants felt that the word "achieve" made people feel that they could reach a healthy weight.
- More significantly, women favored "Achieve and Maintain" and the men liked "Maintain and Improve." Each of the groups disliked the alternative wording because it implied that you had to work too hard. In Chicago, both men and women liked "Achieve and Maintain" better than "Maintain and Improve." The following comments are typical across cities:

"When I see the word 'achieve,' it means go work on it. It means fix it first and then maintain it." (B.GC.F)

"If you are satisfied with your weight, maintain it. Improve means change. Achieve means setting a goal for yourself." (B.GC.M)

"'Achieve and maintain' gives you the feeling that you are accomplishing something. While improve tends to imply 'right away.'" (B.OW.F)

"Achieve gives you a goal. We are all goal oriented. But 'improve' means to work hard." (H.GC.F)

"Everyone wants to improve himself or herself, but 'achieve' means to work hard." (H.GC.M)

"Achieve is a challenge to reach out to do something. It's a little stronger than improve, but kinder." (H.GC.M)

"Maintain and improve is an oxymoron." H.GC.M

"Achieve and maintain means you do some kind of physical activity."
(C.FS.M)

- When asked about the Body Mass Index (BMI), only a few respondents were aware of what BMI actually meant—most of these were men. A few of the respondents knew that it had something to do with height, weight, and fat content, but were uncertain as to the relative importance of each. Males in Chicago knew what BMI was, to some degree, but did not like using it. Both older American groups seemed to be aware of the definition BMI, but were not sure they liked it either.

"You don't hear too many people going around saying: I'm a 25 BMI, what are you?" (B.GC.M)

"I heard of it in my doctor's office and it is very confusing." (H.GC.M)

"Lots more Americans were overweight when this came out." (H.GC.M)

"BMI is confusing. If you are bordering close to the line, then it pushes you into overweight." (C.GC.M)

- When asked to look at the “weight chart,” (see Appendix D) Format A, without BMI levels labeled, was the preference in all groups, although men seemed to like Format B, with BMI levels labeled, as well as Format A. Reasons given for preferring Format A included that “it was easier to read,” that “many people don’t understand BMI and it is not explained on the chart,” and that “BMI is not important.” All respondents replied that the weight intervals at the bottom of the chart were too large and mentioned that there were no age or gender distinctions made, or mention about body structure.

Older Americans were about equally divided between Format A and Format B. When they liked Format B, it was because it gave them more information.

"The average person doesn't care about BMI." (B.GC.M)

"Having BMI broke it into sections; I like it." (B.GC.M)

"Having Format B with the BMI makes you think too much." (B.GC.F)

"It's hard to locate your weight on the bottom, especially for women who consider every pound." (B.GC.F)

- Furthermore, males were concerned about the narrowness of the guidelines, while many women thought overweight people would not like the weight guidelines.

"On this chart, I am severely overweight, both in Format A and Format B. I don't think I am overweight." (H.GC.M)

"People find that they are overweight and don't think they are." (H.GC.F)

- All participants agreed that physical activity was important to maintain one's health status. Both men and women agreed that some level of activity was necessary. However, men tended to do more structured things (e.g., jogging, weight lifting, etc.), while women tended to cite an addition to daily routines (e.g., walking further to the car or upstairs, housework, etc.). When referring to physical activity, men all talked about sports, but admitted that "anything you do" is helpful. A few respondents, both male and female, felt that physical activity was restricted to specific activities including jogging, swimming, or going to the gym. When asked what physical activity meant, groups mentioned exercise in some form.

"Even if it is housework, like washing clothes, going up stairs, or general housework." (B.OW.F)

"Doing anything more than sitting still." (B.GC.M)

"Many people are too busy to do exercise, but they can do other things to get exercise." (B.GC.F)

"Burning calories." (H.FS.F)

"If you throw in a little exercise throughout the day, even if you are working, it helps." (H.GC.F)

"It's as important as good diet." (C.GC.M)

"I clean, cook, garden, and take care of my grandson. I am active." (B.EC.F)

- All groups agreed that physical activity was extremely important for one's health and no one had a problem with having a separate guideline on physical activity. In Chicago, there was a unanimous agreement on this subject. They also said that having time to perform structured activities was a problem and that structured exercise should not be the only thing promoted.

"If you tell me that it is something that has to be structured that is a problem." (B.GC.F)

"Don't make it sound like I have to go to the gym daily." (B.GC.F)

"I want to know what can be included as physical activity." (B.OW.F)

"Try to get some physical activity each day. Even if it's only chasing the kids." (C.FS.M)

"You can make excuses for yourself when you should take a good hard, long walk or play sports. That's better than doing housework." (C.FS.F)

- Furthermore, some of respondents had a negative reaction to the word "daily" in a guideline that said, "Include daily physical activity in your life." They felt the need for flexibility in this guideline.

(b) Health Professionals

- Health professionals agreed with their clients that healthy weight meant "weight where you feel most comfortable." But they noted that they did not deal with the terms "normal" or "desirable weight" because "some would see it as an ideal weight" and for many, this is unrealistic.

"Everyone has different degrees of what they see as desirable weight." (H.HP)

"Everyone desires to be a lesser weight. A number has been come up with by whoever, but sometimes the desirable weight for your height is about 20 to 30 pounds more than that number." (C.HP)

"'Healthy weight' includes how you feel, physically. What you feel about yourself. A healthy weight is lower than what I carry. It's not a specific number. Just lower." (C.HP)

- They also preferred "achieve and maintain" a healthy weight. One professional stated, "This could be construed as little more positive and from a psychological standpoint it might be." (H.HP)

"Maybe this would be seen as more attainable." (H.HP)

"Achieve sounds better than improve. It's a goal you can set for yourself." (C.HP)

- Some Chicago professionals thought that "improve" might be interpreted as a requirement to gain weight. They justified this by saying that improving test scores means to increase them.
- The health professionals were all familiar with the term Body Mass Index (BMI), but believed that their clients would not be.

"How important to an average person is BMI? Not very." (H.HP)

"Half-way familiar. Do they thoroughly understand it!" (C.HP)

"If it were explained to you what BMI is and what relation it is to you and your health, maybe." (H.HP)

However, one nutritionist said, *"When I get through with them, they are." (H.HP)*

Furthermore, all of them agreed that Format A would be better for their clients.

- Health professionals differed quite markedly on their thoughts about physical activities. Each group's reaction is presented separately. In Houston, respondents thought physical activity meant "any movement or exercise," but they thought that their clients' perception would be "going to the gym" or "having to join an exercise class." They all agreed that both they and their clients believe that physical activity was important for maintaining good health. On the other hand, they had no faith that clients were actually doing it.

"It's fine, but it doesn't explain what physical activity means, what and how much." (H.HP)

In Chicago, health professionals thought that physical activity was strictly exercise, preferably cardiovascular exercise. They insisted that it needed to be a change or addition to daily routine, even if the daily routine included physical movement. For example, someone who walked to work on a regular basis or had a physically demanding job would be expected to include additional physical activity. One nurse stated that:

"I have [a] client who said: 'I am very active because I am chasing two children all day,' but I told her that was not nearly enough."

"They think that it is any kind of effort that increases heart rate. I know that it needs to be a change in what you normally do to be effective. You need to be doing something cardiovascular." (C.HP)

- Health professional participants all agreed that physical activity was extremely important but did not like the proposed guideline because they thought that it needed to state exercise, not just physical activity.

"They think their general daily activity equals being active. And we know that that will not work." (C.HP)

- And in general, health professionals felt there is a need for a guideline that includes and explains the kinds of activities and the amount of each one that would provide sufficient daily physical activity.

"It would have to explain how much and how often. It would have to explain what physical activity is. Is it walking, jogging, etc?" (H.HP)

3.3.3 Grain Products, Vegetables, and Fruits Guideline

(a) General Consumers

- Overall, respondents seemed to recognize grains and grain products and were able to name several (e.g., breads, pasta, wheat, rice, barley, wheat germ, bran, oats, corn, etc.). They had more difficulty identifying "whole grains." In general, the concept of whole grains was vague to most people. When identifying "whole grain products," respondents noted that they were foods that had not been bleached or processed. All groups named whole wheat bread as a whole grain product, and some participants also identified brown rice, oatmeal, and wheat cereals. Other items identified as whole grains included beans, peanuts, wheat germ, bran cereals, and cream of wheat.

"Things that have not been bleached and processed-nothing that doesn't grow naturally." (B.GC.M)

"It means unrefined-just take the grain and turn it into a food product. These things are hard to get in your grocery store." (B.GC.F)

"It's confusing because of the labeling. With changes it could be better. I'd like to buy whole grain, but I'm not sure if it really is whole grain." (H.GC.M)

- Participants generally said that eating whole grains was important and the reason most frequently given was the fiber content and that it promoted regularity. Several respondents also mentioned that it helped with cholesterol level, especially overweight females. They all felt that eating whole grains would help them to improve their health status and to prevent certain forms of cancer.

"We started to buy cracked wheat bread. We find it very good." (B.GF.F)

A few participants noted that processing took away vitamins and minerals. Enrichment was not understood by most people, some of whom thought enriched bread was better than whole wheat bread.

- Furthermore, the reason given for not eating more whole grains included “taste,” “texture,” “cost,” “easier to eat fast foods.” “children did not like,” “took too much time to shop at health food stores,” “used to soft white bread and dislike whole wheat bread.” These views were shared by all groups.

“Healthy stuff tends not to taste good. Whole grain does not taste as good as what I’m used to eating.” (B.GC.M)

“If you could make it tasty in some way. You need to add something to brown rice.” ((B.GC.F)

“I think the texture of it is unpleasant and it doesn’t taste that great.” (B.OW.F)

“The price is ridiculous. If you had a big family, you would look at it differently.” (B.EC.F)

“It’s costly.” (H.GC.F)

“I don’t like that whole wheat bread, with the stuff that looks like oatmeal on the top. I hate it.” (H.GC.F)

“Some taste like chalk or wood. If it doesn’t taste good, I won’t eat it.” (C.FS.M)

“Lack of availability. I don’t know where to get it or what to eat.” (C.GC.M)

“Occasionally for the roughage. Tastes better than Metamucil.” (C.EC.M)

- All in all, there was no consensus when discussing whether to have two separate guidelines, one for fruits and vegetables, and one for grain products. Some respondents agreed that separating these two would be helpful, while some women disagreed, citing that it was one more thing to keep up with, and thus created more work.

Specifically, in Chicago men thought that there should definitely be two guidelines, citing that this would help them to eat whole grains. On the other hand, the women in Chicago did not seem to care for separate guidelines and thought they had enough information about this anyway.

“If you separate them, one might realize that it is important to eat grains as well-not just fruits and vegetables.” (B.GC.F)

"It would be helpful to people who don't like grain products. Those who don't eat grains but will eat fruits and vegetables will find this better." (B.GC.M)

"You don't necessarily want to eat both every day, but I'll eat one or the other (i.e., fruit and vegetables or grains)." (B.OW.F)

However, older men did not like the idea of two guidelines because it was too complicated while older women definitely wanted separate guidelines for fruits, and vegetables, and grain products.

- When discussing food choices that might be made using a guideline that said "Choose a Variety of Grain Products Daily, Especially Whole Grains," most respondents generally liked the increased emphasis on whole grains. More specifically, respondents thought that it might be helpful to think of whole grains separately but thought that the wording of the proposed grain guideline was not good. They said that it was too long and complex, and should clearly define what whole grains are. Some believed that it would not affect their food choices.

"It would cause people to think more before they made a purchase." (H.GC.F)

"I would read on because I don't really know what they mean by 'whole grains.'" (B.GC.F)

"I think educating people about this is important. I see people in the market paying attention to what they are purchasing." (H.GC.M)

"I would buy more whole grains." (H.GC.M)

"It makes you more conscious of whole grains." (H.GC.M)

"I would need a good definition." (C.GC.F)

"I don't know anything of whole grains." (H.GC.M)

"It would have to clearly spell out what whole grains are and then give some examples of whole grains." (C.GC.M)

"Those who eat it already would continue and those who don't would not change." (B.EC.F)

- Moreover, there appeared to be general confusion as to what constituted "whole grains." Although all groups named whole wheat bread as a whole grain, many participants were not sure if "whole wheat bread" was whole grain or not. Groups

felt that if some specific examples of whole grain products were included in the guidelines, it would assist them in choosing to eat whole grains.

"Products are not labeled so that one can determine whether or not it is a whole grain product." (B.GC.M)

- When asked what did a "serving" mean, many respondents did not have a clear definition. They requested that experts should provide them with some indication of the standard serving size for general categories of foods (e.g., for vegetables, cooked or raw).

"Serving to me means as much as I can eat." (C.FS.M)

"I think that it means 4 oz." (H.FS.F)

"It means 8 oz." (H.FS.F)

"A serving is simply less than what I normally eat." (H.GC.M)

"I find the whole serving thing really silly. Sounds like it should be a portion but it's not." (B.GC.M)

"A serving means very small. For cereals, its like a cup." (B.GC.F)

- Moreover, all groups seemed to feel that serving and portion differed, with portion meaning "what you actually put on your plate."

"I would be hard pressed to find any American who eats one serving." (B.GC.M)

"Most people don't pay too much attention to what a serving size is." (B.OW.F)

"A portion equals two servings." (H.GC.F)

"A portion is more than what you really eat." (H.FS.F)

- Groups were further asked to look at wordings of a guideline on fruits and vegetables. They were given "Choose a Variety of Fruits and Vegetables Daily" or "Eat Plenty of Different Fruits and Vegetables Every Day." Most people liked "Choose a Variety," feeling that it was short and sweet, not as wordy or as directive as "Eat Plenty." Several people felt that the word "plenty" meant that people could eat all they want. Comments included:

"It gives you the option to make the choice. People need to be able to make choices." (B.GC.F)

"[I] like 'choose' because I like having a choice and variety comes from having an abundance." (H.GC.F)

"'Plenty' is more than the average person eats. It means a whole lot." (B.GC.F)

"More than you eat now." (H.FS.F)

- Men especially liked the alternative of "Choose a Variety" because it sounded familiar. Overweight respondents also liked the emphasis on "choice" in the current guideline.

"I don't like 'plenty,' because it sounds like it's time to pig out." (B.OW.F)

"Don't feel like you have to eat a certain amount." (H.GC.M)

- Finally, in Houston, some participants thought that different fruits and vegetables meant the same as "a variety of fruits and vegetables." In Chicago, some expressed that "different" might mean exotic fruits that one might not necessarily like.

(b) Health Professionals

- In describing grain products as well as whole grains, health professional participants seemed to be more aware than the remaining respondents. They thought that their clients did not feel that it was important to eat whole grains, but admitted that those who reported eating whole grains did it for the fiber.

"They're a little obsessed with fiber." (H.HP)

"Pretty well publicized that you should eat whole grains. Yes, I think they learn about this through the news." (C.HP)

- They gave the following reasons why their clients did not eat whole grain products: "don't know what they are," "kids don't like it," "price," "taste," "texture," and "availability"—all similar to the responses given by the general consumers. They said that whole grain foods took a little more effort to chew and eat. One health professional in Chicago thought that lower socioeconomic classes did not eat whole grains in general.

"They don't know what they are. I think they are misinformed." (H.HP)

"Clients will buy what is cheapest and easiest to buy." (C.HP)

"SES level and lack of knowledge." (C.HP)

"The texture and lack of knowledge." (C.HP)

"The texture. They're not accustomed to the texture of it. They were raised on white bread." (H.HP)

- The health professionals were divided equally about having two separate guidelines—one for fruits and vegetables, and one for grains. The health professionals thought that:

"Two would emphasize the importance of grains because now they think they could have a vegetable, a fruit, or a grain." (H.HP)

"I could read this now and think that three grain products and one grain would be enough. Maybe two guidelines would make them pick more from each food group." (C.HP)

Those opposing the idea:

"I'm a simple thinker. You need to watch having too many guidelines and making it too complex and too hard." (H.HP)

- Considering changing the guideline to "Choose A Variety of Grain Products Daily, Especially Whole Grains," most health professionals did not like it and thought it was too long and overwhelming. They thought it needed to try to define what whole grains were. They thought the issue of whole grains was a very complicated area for the public to process, and that there was also the cost factor to consider.

"They (the public) does not know the difference between grain products, whole grains, and enriched grains." (C.HP)

"They still rely on convenience and price." (C.HP)

- Health professionals were more aware of the definition of serving size than the general consumers. To their clients they thought that it meant a "bowlful."

"It means a cup." (H.HP)

"A half a cup." (H.HP)

"Serving is what they tell you that you are supposed to eat. It is not actually what you eat." (C.HP)

"Some of the stuff you look at says that it's two servings, but you drink it all at once." (C.HP)

"Too much lying in advertisements. You think that you have one serving and it's really three." (C.HP)

- Health professionals all liked "Choose a Variety of Fruits and Vegetables Daily" more than "Eat Plenty of Different Fruits and Vegetables Every Day." They cited that "variety" was a better word than "plenty." They thought that their clients would understand both but that "Choose a Variety" would be more meaningful and would strike a cord, while "Eat Plenty" would need explanation and clarification. They thought that "different" and "variety" meant the same thing as they related to fruits and vegetables. They also thought that you could tell children to eat plenty, but adults had to be told to eat a variety.

"You can't tell them to eat plenty. They'll go overboard. You need to tell them to eat a variety. Variety [means] you are more in control of what you eat instead of eating something that you don't want." (C.HP)

3.3.4 Fat Guideline

(a) General Consumers

- During the discussion about "choose a diet low in fat, saturated fat, and cholesterol," it was apparent that most of the participants had no concept of what "30% of calories from fat" would mean, nor did many know the difference between total fat, saturated fat, and cholesterol.

Most specifically, when asked if 30% of calories was low or moderate, the responses were about equally divided, but respondents had a tendency to feel that it was low. This attitude reflected their belief that all meat was fat (and they all ate meat). Some people thought about 30% was moderate and that it was "what you should do." In Chicago, all groups expressed confusion about the guideline and older male respondents in particular felt that it was complex and they did not pay any attention to it anyway.

"Way too low but pay no attention; eat what I want." (C.EC.M)

"If I see something that says 'low fat,' I tend to buy it. But what are you getting in place of fat?" (B.OW.F)

"Fat is something you don't have to have, but everyone gets some." (C.FS.M)

"I don't understand what the 30% relates to. You can't tell people to do too much or they won't do anything at all." (C.GC.F)

- When asked what did low and moderate mean in relation to fat in the diet, the answers were diverse. One man thought that trimming the outside layer of fat off his steak made it low in fat. Many felt the term "moderate" meant whatever people wanted it to mean.

"Low means no butter, no milk, never ice cream, and very little meat." (C.OW.M)

"Nonexistent—would be low. Moderate is just enough to keep you going." (C.FS.M)

"Low would mean you seldom eat fat. Moderate would mean you like to eat something with fat once a week—maybe on Sunday." (B.EC.F)

- The groups were very confused and unresponsive to what the meaning of saturated fat and cholesterol were, except some overweight females who noted that they knew about cholesterol but could not remember which cholesterol was good and which was bad. Many respondents seemed to know that there was a difference between good and bad cholesterol, but could not explain it. They all expressed the opinion that fat was bad for you. Most people mentioned that cholesterol meant "clogged arteries" and "heart attack."

"There's good and bad cholesterol. I never can remember which is which." (B.OW.F)

"It sounds dangerous. Fat makes me think of potato chips. Cholesterol makes me think of eggs. Both are bad for you-so the word must be bad." (B.GS.M)

"Saturated fat reminds me of something that is bad for you like butter, potato chips, etc." (H.GC.M)

"They are having a hard time making up their minds about what is good and bad cholesterol levels." (C.EC.M)

- When asked if they preferred the current wording saying "Choose a diet low in fat, saturated fat, and cholesterol," or a new wording saying, "Choose foods low in saturated fat, cholesterol and total fat," some liked "Choose Foods"—noting that it was easier to understand than "Choose a Diet." Others pointed out that "Choose Foods" would mean that each food should be low in fat and that they should never have fried chicken or other higher fat foods. Several respondents did notice and commented on a change in the order of the words in the new guideline.

"I like it because it puts saturated fat first. It is easier to understand." (B.GC.M)

- Furthermore, most groups seemed confused about what fat really meant. One respondent felt that eliminating all fat might help, while others knew that some fat was needed for health. In Chicago, most groups did not like the references to total fat. They thought it was too vague. Given all choices, they would prefer to stay with the existing 1995 guideline using "Choose a Diet."

"Brings attention to saturated fat as a term to be aware of." (B.GC.F)

"It makes me know more about what advice is being given." (B.OW.F)

"For every food. I'd be reading the label." (H.GC.M)

"It implies that you need to eat a lot less and go on a diet." (H.FS.F)

"Need some fat in diet, but you must avoid saturated fat." (C.OW.M)

"If you knew the difference between the types of fat, then you would do it. But, regular people don't know. You've got to be a scientist or dietitian to understand." (C.FS.M)

"The words that's putting me off is 'total fat.' I don't know what total fat means." (C.FS.M)

- Reactions to changing the wording to "Choose Foods Low in Saturated Fat and Cholesterol, and Moderate in Other Fats," were numerous. Several participants did not like the term "moderate," saying that it means whatever people want it to mean and would give people too much leeway. Others pointed out that they did not know what "other fats" means. One thought that "other" means any type of fat, and another thought it meant vegetable fat. One woman liked "Moderate in Other Fat," saying that would mean she could have a lot of avocados because they have "good" fat.

"It tells you that saturated fat and cholesterol are bad for you, but other fats can be consumed in moderation." (B.GC.F)

"Maybe it should state what 'other fats' are." (H.GC.M)

"I would prefer a guideline that says: 'Choose a diet low in fat.' Period. This statement doesn't distinguish between the three levels of fat." (H.GC.M)

"Most of us relate to the word 'food' better than 'diet.' Women worry about diets because they want to lose weight." (C.FS.M)

- All groups felt that neither of these proposed wordings do a very good job in expressing what the average person needs to do about fat content. They felt that neither guideline gave them sufficient specific information or guidance.

"This is telling you too many things I would not understand. I would come to the end and be back where I started from." (B.EC.F)

- Across location, gender, and economic class, people would like to have very specific definitions of each category of fat, what foods comprise that category, and a list of what is good to eat, not so good, and the worst to eat.

"Clearly define what you want and don't leave so many choices, which end up being guesses. up to the people." (C.GC.M)

(b) Health Professionals

- The health professionals were generally more aware of the fat level than general consumers. They thought that 30% of calories from fat was moderate. They also thought that their clients would think it was low.

"Until you teach them to make healthier choices and they understand that they can and still eat a satisfying amount, it's going to be a problem." (H.HP)

"Most people wouldn't have a clue." (C.HP)

- The consensus was that they did not use the words "low" or "moderate" with their clients.
- On the other hand, most health professionals liked a potential guideline that would say "Choose Foods" as compared to "Choose a Diet." They wanted to take out the wording "total fat."

"You need to understand the difference between saturated fat and cholesterol." (H.HP)

"If you say 'total fat,' they will think they have to give up fried foods completely and they think that they can have no fat in their diet." (H.HP)

"All anyone thinks of as cholesterol is egg yolks." (C.HP)

"Most people do not understand total fat. Some understand cholesterol, but not saturated fats." (C.HP)

- Health professional groups generally did not like either suggestion of changes in the guidelines. If they had to select one, they preferred the one that said: "Choose Foods Low in Saturated Fat, Cholesterol and Total Fat."
- In relation to "other fats," the health professionals thought: "Don't think that they would know what 'other fats' are or what 'moderate' means." They still preferred the guideline that said "Choose Foods" over the one that said "Choose a Diet."

"Maybe they will leave it alone and eat a piece of baked chicken." (C.HP)

"Neither communicates it clearly." (C.HP)

- Finally, although they understood that "total fat" included other fats, they did not think that their clients would understand the same. In Chicago, many health professionals stated they did not know the difference.

3.3.5 Sugars Guideline

(a) General Consumers

- Again there was a discussion about the word "moderate." Most participants were under the impression that sugars should be limited in our diets. In describing what moderate meant in relation to sugars, many respondents seemed to feel that it meant "*balanced [consumption]*" (H.FS.F), or "*a reasonable amount*" (H.GC.F).

"Some, but not a lot." (B.GC.M)

"It depends on taste. You should eat only enough to get the taste; or a small amount." (C.FS.M)

- Older Americans mentioned that many people used sugars substitutes today, particularly in cold beverages because they are sweetened better.
- In referring to "added sugars," consumers defined these as:

"Something added that was not part of the natural product to make it taste better." (B.GC.F)

"It means a process to add sugar to the product." (B.O.W.F)

"In addition to the natural sugar, anything added more to the product." (C.GC.F)

- Examples of food and beverages with added sugars were easy to identify and included: soda, juices, cereal, canned fruit, alcohol, all processed foods, etc. Respondents identified sodas, juice drinks, ice cream, and cereals as being particularly high in added sugars.
- When asked about a guideline that said, "Go easy on beverages and foods high in added sugars," many felt that it was not strong enough and that the guideline should be more direct and firmer. Several people felt that the term "go easy" was not professional and too vague. The word 'limit' was mentioned by some participants as preferable to 'go easy on.'

"Not really effective in getting you to cut back." (B.GC.F)

"It means too many different things to different people." (B.GC.M)

"Not professional enough for me." (H.FS.F)

"I would hate to see it in a pamphlet. It sounds unprofessional." (C.GC.M)

"Everyone can interpret this on their own." (C.GC.F)

"It is a cop out because going easy in an American diet is way too much anyway." (H.GC.F)

- Reacting to a guideline that might state: "Choose a diet moderate in foods and beverages with added sugars." most male and female general consumers liked this alternative, but did not know what it meant.

"Sounds good, but I don't know what it means. Fat guidelines have been around for a while, but sugar is new. You need to tell people how much sugar is enough and what is too much." (H.GC.M)

(b) Health Professionals

- Most health professionals had difficulty in relating "moderate" to "sugars in the diet." The following were their general reactions to the sugars guideline:

"If you say low or limited sugar, it might be better." (H.HP)

"Diabetics wouldn't understand it." (H.HP)

"Moderate is so subjective. It would allow you to say: 'Half a pint of Ben and Jerry's instead of the whole thing.' " (C.HP)

"The general public doesn't know how much sugar is in half of what they eat." (C.HP)

- Furthermore, none of the health professionals liked the term “moderate” in relationship to sugars.
- They all understood the concept of added sugars and felt that their clients would as well. They identified sodas, cereals, juices, Kool Aid, and Jello as being high in added sugars.
- The health professionals basically did not like the expression “go easy” and wanted to substitute “limit yourself” instead.

"The way this is phrased, it can let you buy a lot of something that is just as bad for you." (C.HP)

3.3.6 Salt/Sodium Guideline

(a) General Consumers

- With respect to “Choose a diet moderate in salt and sodium,” most people did not understand the difference between salt and sodium, and were under the impression that all diets should be low in salt and sodium. Most participants liked the wording, “Choose and prepare foods with less sodium and salt,” feeling that it was easier to understand than the words “moderate.” and “less” meant to cut down, to use less than you usually use. However, one person questioned “less,” saying “less than what, what are you comparing it to?”

All respondents felt that the suggested guidelines applied to foods consumed at home and away from home, but pointed out that one generally could not know how much salt and sodium was in foods prepared away from home.

- More specifically, in Baltimore, sodium meant “naturally occurring” salts in foods to most groups and was associated with retaining fluids. Men noted that low fat foods are often high in sodium, in their opinion. Their thoughts on using both salt and sodium in the guideline was that most people would not understand the difference.

"You find a lot of sodium in different types of foods. Lots of foods have high sodium content. Often boxes say: so many grams of sodium are already in it." (B.GC.F)

In Houston and Chicago, respondents felt that salt and sodium were the same substance. Men associated it with water retention; women did not. They did not think that most people would understand the difference between salt and sodium, stating that the guidelines listed them separately, indicating that they must be different.

"Because of the way things are labeled, it may say one or the other. But, you need to cut out both." (H.GC.F)

"Sodium is the chemical in the salt that makes it bad for you." (C.FS.M)

"It may not say salt, but says blank sodium or sodium blank." (C.GC.M)

- Older Americans were particularly aware of salt content and though they were not sure what the specific difference between sodium and salt was, they knew there was a difference.
- When asked to name foods or seasonings (other than salt) that were high in sodium, respondents named several including: soy sauce, pickles, hot sauce, meat tenderizer, canned vegetables, ketchup, and processed meats. In Houston, respondents added soup and frozen meals to the list. In Chicago, they added teriyaki sauce and mentioned MSG most. Older Americans added to the list meat marinades, bottled water, and some medicines.

These comments showed that most respondents could accurately identify some foods high in salt and sodium.

- Considering the meaning of "moderate intake of salt or sodium," respondents gave a variety of responses:

"Enough to taste, or flavor foods." (B.GC.F)

"Use a little in cooking, but don't use it at the table." (B.GC.M)

"Moderate means pass the salt shaker and put it on. You need to be stricter on people. We as humans cheat." (H.FS.F)

"Under 10 mg. If it is over 10, I try not to buy it." (H.GC.M)

"The lowest possible small amount." (C.FS.M)

- Furthermore, all groups thought it would be an excellent idea to have a guideline that would state “Choose and prepare foods with less sodium and salt.”

Most respondents thought this would mean foods both away from home and at home, but offered some caveats:

“Stuff that you choose on the outside, you are just not sure of how they are prepared.” (B.GC.F)

“You may need to define sodium for most people. Especially for ethnic foods where you don’t always recognize the ingredients.” (B.GC.M)

“When you choose less sodium, you need to choose things not pre-prepared or prepackaged.” (H.FS.F)

“When I am out, I don’t think about less sodium.” (C.GC.F)

(b) Health Professionals

- To health professionals as well as to their clients, sodium meant salt. They believed that most people thought the two terms were “*synonymous and would want to know why both are used.*” (H.HP). They thought that their clients could name many foods that were high in sodium including: canned soups, soy and teriyaki sauce, seasoning salts, MSG, bacon, and ham.
- The term “moderate” was considered as a vague concept to them, and the terms that they used with clients were: “no salt (no added salt)” and “low salt.” In reaction to “Choose and prepare foods with less sodium and salt,” they thought that their clients would think that: “It is not going to taste good.” In their opinion, it was better not to use both terms.

“They would not recognize the term ‘sodium’ as different from ‘salt.’ ” (H.HP)

“Most of mine would not know the difference.” (C.HP)

“I don’t think the Moms and Dads of my clients would understand that.” (C.HP)

- Health professionals also thought clients would interpret the guideline as meaning both foods away from home and at home. In Houston, they also thought the term “moderate” was not an option in relation to clients because they would use too much and thought that “less” was the better term. In Chicago, they also thought that “moderate” was not a good term, but they also disliked the term “less.” They asked “less than what.”

"It might mean to some clients 'just bland food.' No taste." (C.HP)

3.3.7 Alcohol Guideline

(a) General Consumers

- With respect to the phrase "If you drink alcoholic beverages, do so in moderation," no one had any concept of how "moderation" was defined by the Dietary Guidelines. Moderation was defined variously as "less than three a day," "what can you tolerate," "not in excess," "not to the point of impairment," "occasionally have a drink," or "once a week." When looking at the definition of moderate in the guidelines, most people thought the guidelines were low and not moderate.

"It depends on life style. Some people like to drink a glass of wine over dinner." (B.GC.M)

"I have teenagers whose concept of moderation is not good." (H.GC.F)

"Occasionally have a drink. Not one a day, but occasionally and then not much." (H.GC.M)

"If you are a person who has ever broken that moderation limit—you know it." (C.GC.M)

"Drink whenever you want to. If I go out to dinner twice a week, I'll have two glasses of wine both nights. Then maybe I'll have none for four weeks." (B.EC.F)

Others were more specific and said things like,

"It means two glasses instead of four." (C.EC.M)

"Once a week." (B.GC.F)

"It's based on intake and body weight. It tells just how much you can handle." (B.OW.F)

- When asked about combining the benefits and risks of alcohol consumption in the same statement, a number of general consumers felt that both should be included. Others felt that including both would be contradictory; "It is like saying on the one hand 'it is good for you' and on the other hand saying, 'don't drink much.' To many participants, the general view was that including benefits would help people rationalize their drinking.

"I don't see anything wrong with putting together. Some people avoid the risks or won't read them, but that's their choice." (B.GC.F)

"Be knowledgeable about how it would affect you. Decide for yourself." (B.EC.F)

- Most respondents agreed that moderate drinkers would benefit from such a guideline and if you had a problem with alcohol, you would not read a guideline anyway. One caveat mentioned by the Chicago groups, especially by general consumer females and overweight males, was to make sure that people understood that this guideline was not intended for those under the drinking age.
- As for the nondrinkers, many respondents did not believe that a guideline on alcohol would encourage them to drink.

"No. It wouldn't encourage nondrinkers to drink. You are getting them to choose." (C.GC.M)

"I think that saying that nondrinkers would start drinking is ridiculous." (C.GC.M)

(b) Health Professionals

- When it referred to "moderation," most health professionals would think of a variety of things. "The term moderation needed a clear definition," they said:

"If you are talking to an addict, then it could mean a fifth or it could mean to someone, one drink." (H.HP)

"How often you do it; maybe once a week." (H.HP)

"Why is moderation defined for alcohol when it is not for other items in the book." (H.HP)

"Some are heavy drinkers and some are young and into a partying scene and drink a lot." (C.HP)

- Health professionals generally reacted strongly on this topic, preferring to see only the risks discussed. Their reaction to combining information about both the benefits and risks was:

"It is confusing and contradicting." (H.HP)

"I would prefer to see only the risks. There are not that many documented benefits." (H.HP)

- When asked if they thought including benefits would encourage nondrinkers to drink, a number of participants agreed that it would encourage them, and would also encourage people who drank to increase the amount and/or frequency that they consumed alcohol.

"It would give a drinker an excuse to drink." (H.HP)

- Other remarks on including benefits were made by a female participant mentioning that she had thought about increasing her intake to include red wine with dinner every night. Another person said that she heard that grape juice had the same benefit as red wine, and if that was the case, that information should certainly be mentioned if any benefit was attributed to red wine, that was actually from grape juice.

3.3.8 Food Safety Guideline

(a) General Consumers

- Some participants did not immediately understand the term "food safety," thinking it meant eating a proper diet. However, when they were asked about how they kept food safe, most understood the concept, mentioning some ways to protect food.

When they were then asked about a guideline on food safety, all groups agreed that the topic was important. They generally defined food safety correctly.

"Food being handled properly, stored, and cooked at the right temperature." (B.GC.F)

"Preparing foods with separate utensils for raw and cooked, checking safety seals on already prepared foods." (B.OW.F)

"I have kitchen sprays, antibacterial, and food thermometer in the kitchen." (B.GC.M)

"Cleanliness." (H.GC.F)

"I practice better food safety at home than they do at most restaurants. You never hear of people getting food poisoning from food that they make at home." (H.FS.F)

"Check expiration dates on products." (All Groups)

"Cook to the proper temperature." (All Groups)

"All products should be dated so the average person can read it with no codes." (C.EC.M)

- Additionally in Chicago, respondents were very concerned that restaurants in their area were not observing food safety. They thought that the guidelines should make some mention of restaurant food safety.

"Where you eat it, that is [which] restaurant, is very important. You can go in to a place that has trash and roaches, etc." (B.EC.F)

"Look at restaurants and see how poorly things are prepared." (C.EC.M)

- When buying and preparing food, the respondents did many of the following things to keep food safe: "refrigerate perishables," "don't thaw food on the counter," "clean counters," "keep meat in the bottom of refrigerator," "don't cross-use utensils plates," "use plastic bags instead of using foil," "don't let food touch," and "don't use rags to wash counter." These were universally expressed by all groups. All groups also felt that a guideline about food safety was extremely important and should be included in the DGA.

"You can eat the healthiest foods in the world, but if you are not handling them safely, it's still a problem." (B.GC.M)

"That will make sense. When you watch 20/20, there is always something new about safety." (H.GC.M)

"Mandatory, your health and everyone else's is at stake. When someone is dead, it's pretty hard to stay healthy. Who cares about fat content if you get a flesh-eating bacteria." (B.GC.M)

- Respondents in Chicago, particularly felt that the food safety guideline should be expanded upon and include more specific information. All the groups liked the proposed food safety guideline and said it meant "All the way from the time you buy it, straight through preparation." Respondents from other locations also mentioned that one needs to be careful about dates on packages.

"Usually sale items are near [the] expiration date." (B.GC.F)

"Food poisoning is a problem and it [the guideline] should also include a section on leftovers: how long you should keep them." (H.FS.F)

- Finally, most respondents liked the wording for a food safety guideline that said: "Handle food safely from market to table." Most people felt it was clear and good and up to the point. They understood the meaning, but some were concerned about getting people to read the DGA.

"It means from the time you buy it and when you serve it, you must be careful and refrigerate it." (H.GC.F)

"If you can get people to read the DGA, you're doing something. They will not need to read another." (H.FSF)

(b) Health Professionals

- Health professionals shared fewer ideas about food safety than their lay counterparts. The one thing that they did mention was "cooking at the proper temperature." They also mentioned "proper storage." When asked about what they personally did when they bought or prepared food to keep it safe they noted, "store and thaw it in the refrigerator" and "wash it."
- They also thought the information should be presented in separate documents. When asked about the wording of "Handle food safely from market to table," the general feeling was that the wording was "not clear" or "too vague," "doesn't give enough information;" several people thought it referred to carrying it safely, i.e., not dropping the bag or making sure that the bread did not get mashed.
- Many health professionals did not like the proposed guideline on food safety. Their reaction to the proposed food safety guideline was that the information was not sufficient.

"It doesn't tell you what to do. It doesn't necessarily tell you how to prepare it or what to do in preparing it." (H.HP)

"I think that it would not encourage anyone. It doesn't tell you anything." (C.HP)

3.3.9 Dietary Supplements

(a) General Consumers

- Focus group participants named everything from vitamins and minerals to weight loss products and liquid meal replacements. Many felt that dietary supplements were things that could be used in place of eating. Several people thought everybody should use supplements, mentioning that they get "into the system quicker."

- Many agreed that supplements most often referred to were items used to lose or gain weight. Other than mentioning vitamins, few respondents could name a dietary supplement. The exception was the mention of "calcium" made by overweight females and "new-fangled" amino acids made by general consumer males in Chicago. Older women also mentioned "bee pollen" and "folic acid." Groups did not necessarily see any difference between dietary supplements and vitamins or mineral supplements.

"Supplements are generally used by dieters to feel full." (B.GC.F)

"Some are liquid and come from the nutritionist." (B.OW.F)

"Some people don't get everything that they need from what they eat—so they need help." (H.FS.F)

"Thinking of weight lifters who use yeast products and fibers as foods." (C.GC.F)

- Furthermore, in Houston, some food stamp females viewed food supplements as a liquid that you drank as opposed to a pill. In Chicago, the response was identical to the reaction of the female general consumers in the former group.

(b) Health Professionals

- All health professionals knew about dietary supplements. They thought their clients would name vitamins, Ensure, and Sustical. They thought that their clients would not differentiate dietary supplements from vitamins and mineral supplements and would associate both with medication.

"To my clients, it doesn't differ. They want to stay away from calories, but they are not sick." (H.HP)

"My clients will name Slim Fast. They are the people who use diet drinks that you substitute for a meal. (C.HP)

3.4 EFFICACY OF THE DIETARY GUIDELINES

(a) General Consumers

- Respondents were asked how these guidelines, or any part of them, were applicable to their own and families' regular eating habits. Many of them felt that the "food pyramid" was the most useful part. But many of them still found it difficult to follow the guidelines in their regular eating habits.

"I actually look at the pyramid to determine how I should buy food." (B.O.W.F)

"The food pyramid is part of the way I was trained growing up. It's in the back of my head when I make choices." (B.GC.F)

"I will be a little more conscious, but I will not stop buying my doughnuts." (B.GC.M)

"It is very applicable, but the problem is having the knowledge and applying it is two different things." (H.GC.F)

"If you are someone on the go, it is difficult to follow these (the guidelines). You need to think more about what you eat." (H.FS.F)

- Using the information contained in the guidelines in meal planning seemed to be something most of the groups would do from now on.

"I use it as a general guideline. I try to make up if I have been excessive in one area during the week." (B.GC.F)

"I really try to get the three to five servings of fruits and vegetables." (B.O.W.F)

- In response to the question on food selection behaviors that they would have changed, most respondents mentioned: "watch ways one prepares food," "take the skin off meat," "get more portions out of the bottom of the food pyramid," and "try use the DGA in meal planning in the future." Many said they would "use less fat," or "pay more attention to the sugars or salt intake." Nevertheless, a few respondents said they "don't think they will change anything."
- Many respondents across groups recommended that the food pyramid be presented in a way that families could put it on the wall or refrigerator. Others felt the DGA was useful guidance and would begin to look into it for further information.

"I think this is a wonderful guide for people who don't know where to begin." (H.GC.M)

"I'm going to find out more about dietary supplements because you are going to eat what you like. Perhaps with supplements you can make it more healthy." (C.GC.F)

"I will eat more foods with grains. Studies are demonstrating the importance of grains." (H.FS.F)

"I might try to find out the difference between the types of fats." (B.EC.F)

(b) **Health Professionals**

[The questions related to "Efficacy of the Dietary Guidelines" were not administered to health professionals.]

3.5 IDEAS FOR DISSEMINATING THE GUIDELINES

(a) **General Consumers**

- Two different formats were presented to the focus group participants (see Appendix E). Format A was a straight line listing of ten guidelines in a row. Format B grouped the guidelines into three groups. Several of the participants liked Format A, but the general preference was for Format B. One person alluded to Format A as being like the "Ten Commandments." Those who preferred Format B felt that it was easier to read and understand. They also felt it was eye-catching.

"It is easier to read something that is chunked rather than all together." (B.GC.F)

"Format B allows for you to have a break between ideas to think about what you are reading." (B.OW.F)

"It appears to say that there are three separate things that you should be doing. What you eat, what you do to maintain and what you should not do. It's easy to remember in threes." (C.GC.M)

"One at the top talks about the pyramid. maintaining weight is the one in the middle. The ones on the bottom are the ones to avoid." (C.GC.F)

"Format B specifically looks at diet and exercise together." (H.GC.M)

"It groups things together that are related." (H.FS.F)

"One suggestion was: You might even separate the guidelines further into 'dos' and 'don'ts' and label each group." (H.GC.F)

Older Americans also uniformly liked Format B and saw reasons for that grouping into what they perceived as "dos" and "don'ts." Many could also perceive the structure of the three groupings.

"I like Format B. It's broken up. I like it." (C.EC.M)

"It's easier to read. It's not as monotonous as Format A." (C.EC.M)

"It shows my food groups. First is what I should be eating. The activities I should be doing. Then, other things I should be aware of about the food groups." (B.EC.F)

- Additionally, one respondent pointed out the need to inform the Hispanic population in particular about the DGA.

"You should go around to the health centers and have seminars. Especially for the Hispanics. Hispanics don't know this and they eat a lot of starch in the diet." (H.GC.F)

- Suggestions on ways to disseminate the DGA were numerous including: the doctors' office, schools, grocery store bags, newspapers, pharmacies, web sites, health food stores, health clubs, and places where young people do physical activities, video cassette or audio-tapes, TV commercials and cartoons, radio commercials, education seminars put on by State health offices, billboard signs with little catchy facts, E-mail, health segments on favorite TV programs, and a fair or forum to discuss nutrition ideas. Most people responded that they wanted to see "all of the above."

"Some people will not read. In the car, on the way to work is a good time." (B.GC.F)

"Little bits of information which people find interesting will stick." (B.GC.F)

"I think that it is too long. Forty-three pages will get thrown away." (B.GC.F)

"We live in such a structured society. I shy away from rules and regulations. You need to do this smart." (C.GC.F)

- All respondents thought that an additional document including simply a summary of the guidelines would be useful to have. They all seemed to like both the "Advice for Today" section and the boxed-in material appearing on page 16 of the DGA. In Houston, they asked for a kiddy (cartoon) version of the campaign. This would include a song like "Conjunction Junction." In Chicago, they particularly stressed that this information needed to be part of the curriculum in schools.

"If more people were aware of what was good for them, they would follow it." (H.GC.M)

- In improving the usefulness of the messages contained in the guidelines, respondents had the following suggestions:
 - "Standardize the terms being used. It would be nice to go into a grocery store and know what it is—like whole grain, low fat, etc. If it is labeled low fat, make sure that is truly low fat." (B.GC.F)*
 - "Show the benefits or the bad things that might happen if you don't." (B.GC.M)*
 - "Letting a person know how important it is to be healthy." (B.OW.F)*
 - "Serving size. Make them more realistic. Nearer to what a normal person would eat." (B.GC.F)*
 - "Advertising health foods and standards so that people are aware of exactly what they need to do." (B.GC.F)*
 - "Make a cartoon for kids in school and show it. Because kids control parents more than you expect." (H.FS.F)*
 - "Simply the front cover. It's too busy." (H.GC.F)*
 - "Have a contest." (H.GC.F)*
 - "Using more pictures and graphics." (Chicago Respondents)*
 - "Make it a little less expensive. Important to eat healthy. If you go to a restaurant, it costs more to eat healthy." (C.OW.M)*
- Other useful suggestions for disseminating the DGA were found in Houston, Chicago, and among the older Americans. In Houston, they had several innovative ideas for distribution: bilingual booklets, 30-second public service announcements, and free nutrition classes. In Chicago, they suggested that officials make diet the subject of town meetings, that the Postal Service should use dietary messages as stamp collections, and that in grocery stores, the cereal of the day be replaced with the grain of the day. Older people had some additional suggestions including "witness statements," from actual people who have been helped by using the guidelines. An older woman also noted that they found celebrity endorsements a turnoff and would prefer an average everyday person as a spokesperson.

(b) Health Professionals

- Health professionals agreed with the general public that Format B was the preferred way to present the guidelines because it was easier to read. Some of them thought that the grouping of items was excellent and identified that:

"Grouping at the top is what I want to do more of. The bottom is what I want to do less of. And if I do the middle, I won't need the bottom."
(H.HP)

"The first block is what to eat. The second is exercise or what to do. And, the third is the quality of the first, or what you're supposed to do." (C.HP)

Some professionals were confused about grouping, however, stating that: *"The middle box talks about weight and activity, but I wonder why the rest are grouped together."* (C.HP) They also thought that the grouping needed headings.

- Health professionals in Houston thought that information contained in the DGA should be presented on flat sheets of papers perhaps in the grocery stores, a highlighted or excerpted version would be good. On the other hand, they thought that it was too much information to present on TV or on commercials and thought that their clients needed booklets as a references. They thought including a chart that one could write on saying what one did today, would be helpful. They wanted practical information about sodium, fats, and calories.

A participant from Chicago thought that TV was the best idea, suggesting commercials with Arnold Schwarzenegger or similar celebrities or like the ones aired for beef and pork. They mentioned newspapers and the availability of an 800 number, and also ads in magazines or billboards and in places people buy or consume food.

One person suggested *"a small amount of support information that explains why it is important."* (H.HP) They particularly liked the boxed information on page 16 of the DGA. *"They are the best part of the book. They are a quick reference."* (C.HP) They also suggested that the statements in "Advice for Today" be bulleted.

- In helping their clients to implement the messages contained in the guidelines, they had two concrete suggestions:

"Having something at the end like a checklist or a sample diet so that they can think through what they just learned." (H.HP)

"A little tool they can go through to quickly answer questions like an assessment of some type, designed so they can formulate a plan based on answers." (H.HP)

Other useful suggestions included the following:

"Making nutrition information on products standard and easier to understand. If everything were the same, you could calculate grams, etc." (C.HP)

"Make the serving size reasonable and have the nutrition label reflect this. Make it what the average person eats." (C.HP)

"Our clients would like a quick condensed card for the refrigerator; a magnet or something." (C.HP)

- In response to the question "What can be done to help your clients put the message contained in the Guidelines into action?" one health professional suggested, *"Include a section in the back of the booklet that would help users actively participate in the book and help them think through what they learned; for example, a chart/questions that would help them formulate their own eating plan."* (H.HP) Others wanted to see a sample meal plan and recipe; or more classes on nutrition, food preparation, and exercise.



Chapter 4: Conclusions and Recommendations

4.1 CONCLUSIONS

The analysis of the focus group discussions with respect to the frequency and extensiveness of the comments, the context, the emphasis or intensity of the participants' words, and specificity and consistency of the respondents' feedback in the follow-up probes identified patterns and issues related to the *Dietary Guidelines for Americans* (DGA). Keeping in mind the range and diversity of the participants' perceptions and opinions as expressed in different styles and words in analysis of qualitative study, the following are the major findings of the present study:

(1) Awareness of the Dietary Guidelines

General Consumers

- The vast majority of the respondents had not heard about the DGA booklet. Only a few participants said they had heard about the DGA on either television or in school.
- Among those few who had heard about the DGA, none had ever actually seen a copy of the DGA booklet.
- Of those participants who had heard of the DGA, none of them had ever applied its content.

Health Professionals

- The overwhelming majority of the health professionals had neither heard of, nor used the DGA booklet.
- Most health professionals used similar information contained in the DGA booklet, which they said they had obtained from the American Heart Association.
- The general consensus among the health professionals was that the information contained in the DGA needed to be simplified and to have more directions, such as including a sample diet.

(2) General Understanding of the Dietary Guidelines

General Consumers

The most frequent interpretation of the word "diet" was "dietary choices" or "eating habits." The second most frequent cited understanding of the word "diet" was "weight loss."

- Most of the respondents thought of the word “diet” negatively. All consumer groups felt the phrase “food choices” was significantly more positive. They also liked “healthy food guidelines” or “ healthy eating habits” in place or in addition to “food choices.”
- Older Americans had several alternative suggestions such as “appealing and nutritious foods,” “fulfilling choices,” and “satisfying choices.” One participant suggested “ Meal Guidelines for Tomorrow.”

Health Professionals

- Most health professionals linked the word “diet” either to losing weight, or to one’s eating habits. They said both their clients and themselves disliked the word “diet.”
- As alternative choices, they suggested phrases such as “nutrition or eating guidelines,” “food choices,” “nutritional ways to eat,” “suggestions for healthy eating,” “healthy options,” or “healthy menus,” with the idea of substituting “menus” for “diet.”

(3) Specialized Understanding of Dietary Guidelines and Related Topics

a. Variety Guideline

General Consumers

- The general consumer groups liked the current Guideline “Eat a variety of foods” better than the other choices. The general consensus was that it was easier to use, and more inviting.
- When given the options between “Adapt the Pyramid to plan your healthful eating pattern,” or “Use the Pyramid to shape your eating pattern,” most general consumers preferred “use,” saying “adapt” would give people too much leeway to do their own thing; some general consumer men preferred “adapt,” saying that “use,” was very demanding. The majority of both male and female older Americans disliked the word “adapt” because they felt it subjected them to rules and was inflexible.
- When asked to choose between the word “shape” and “plan” all groups in Baltimore like the word “plan” better. In Houston respondents were about equally divided between preferring “plan” and “shape.” All agreed that “plan” meant work and reported that they were too busy to put time into planning. In Chicago, all groups liked the word “shape” instead of “plan.” Older Americans on the other hand like “plan” better than “shape,” because they equated shape with diet.
- When asked to include the word “healthful” in front of the “eating pattern.” most respondents thought it made the guidelines wordy and

did not add anything. Either the respondent was already doing it and did not want to be told again, or they did not like it at all. Most people preferred the word “healthy” instead, although one person suggested “Use the pyramid for a healthful eating pattern” would be sufficient.

Health Professionals

- Health professional generally liked “Eat a variety of foods,” and thought that their clients would feel the same. The groups also preferred the word “healthy” to “healthful.”

b. Physical Activity -Weight Guideline

General Consumers

- Most participants were aware that “healthy weight” had to do with weight in proportion to height. However, there was no general consensus on the difference between healthy weight, normal weight, and the desirable weight. A few people thought desired weight was not necessarily good because one could have a distorted idea of it, which could lead to eating disorders.
- A majority of the respondents liked the phrase “Achieve and maintain a healthy weight” to the other choice of “Maintain or improve your weight.” They said the wording was right, that one has to achieve a healthy weight before one can maintain it.
- Body Mass Index (BMI) was an unfamiliar concept to most participants. Except for the older Americans who were equally divided, all groups preferred Format A (without BMI levels noted) to Format B (with BMI levels noted), because Format A was easier to read.
- All agreed that physical activity was important for one’s health, and no one had any problem with having a separate guideline on physical activity.
- When asked what physical activity meant, groups mentioned exercise in some form, even if it is housework, like washing clothes, going up stairs, or general housework. Men all talked about sports, but admitted that “anything you do” is helpful. A few respondents, both males and females, felt that physical activity was restricted to specific activities including jogging, swimming, or going to the gym.

Health Professionals

- Health professionals also preferred “Achieve and maintain” to any other option.

- Health professionals were all familiar with the term "BMI," but believed that their clients were not. They all agreed that Format A (without BMI levels noted) would be better for their clients.
- All were in agreement that physical activity was extremely important. However, they did not like the proposed guideline because they believed it needed to state "exercise" as well. Furthermore, they felt there was a need for a guideline that would include and explain the kinds of activities and the amount of each one that could provide sufficient daily physical activity.

c. **Grain Products, Vegetables, and Fruits Guideline**

General Consumers

- When asked about foods that were grains, the groups generally mentioned breads, cereals, and pasta. However, some people thought beans, nuts, and some vegetables were also included in the grains group, which indicated that there was some confusion. The concept of whole grains was very unclear to most of the participants, although all did name whole wheat bread as a whole grain. Some also correctly mentioned brown rice and oatmeal.
- Most respondents said eating whole grains was important, the most frequent reason stated was fiber content. Only a few participants mentioned that processing would take away vitamins and minerals. Enrichment was an unclear concept to most. The most frequent reasons given for not eating more whole grains included taste, texture, cost, easier-to-eat fast foods, children did not like whole grains, took too much time to shop at health food stores, and accustomed to white soft bread and therefore did not like whole wheat bread.
- There was no consensus about having two separate guidelines, one on fruits and vegetables, and one on grains.
- Most respondents liked the grain guideline, "Choose a variety of grain products daily, especially whole grains," because they said it increased emphasis on whole grains, but thought the wording was too long and complex, that it should also define what whole grains are.
- When asked what did a "serving" mean, many respondents did not have a clear definition. They requested that experts should provide them with some indication of the standard serving size for general categories of food (e.g., for vegetables, cooked or raw).
- Moreover, all groups seemed to feel that "serving" and "portion" differed with portion meaning, "what you actually put on your plate."
- When asked which one they liked, "Choose a variety of fruits and vegetables" or "Eat plenty of different fruits and vegetables," most respondents liked "Choose a variety." They felt the word "plenty" meant one could eat all one wants.

Health Professionals

- There was no confusion among health professionals with respect to grain products. They said their clients did not feel it was important to eat whole grains, and that those who ate whole grains did so for the fiber.
- Health professionals were divided equally about having two separate guidelines, one on fruits and vegetables, and one on grains.
- Regarding “Choose a variety of grain products daily, especially whole grains,” most of the respondents did not like it, and thought it was too long, that there was a need to define what whole grains were, and that the cost factor should also be considered.
- The definition of “serving size” was also unclear to health professionals.
- Health professionals also preferred “Choose a variety of fruits and vegetables daily” over “Eat plenty of different fruits and vegetables everyday.”

d. Fat Guideline

General Consumers

- Most of the respondents did not know what “30% of calories from fat” meant; nor did many know the difference between total fat, saturated fat, and cholesterol.
- The words “low” and “moderate” meant different things to different individuals. Some said “moderate” meant “whatever people want it to be,” or “what your body can tolerate.”
- When asked if they preferred the current wording on “Choose foods low in saturated fat, cholesterol, and total fat,” some said “Choose foods” was easier to understand, while others said “Choose foods” meant each food should be low in fat. Some were confused about what total fat really meant.
- Several respondents did notice and comment on a change in order of its words in the new guideline.
- Reactions to changing “total fat” to “moderate in other fats” were numerous. Some did not like the word “moderate” and some did not understand “other fats.”
- Generally, all groups felt neither guideline gave sufficiently specific information or guidance to the average person about what to do, and what was needed to know about fat content.
- Across geographical locations, genders, and socio-economic classes, participants wanted to know very specific definitions of each category

of fat, and what foods comprised that category, as well as a list of what is good to eat, not so good to eat, and the worst to eat.

Health Professionals

- Health professionals considered “Choose foods low in saturated fat, cholesterol, and total fat,” was more acceptable as a guideline over the one that said “Choose a Diet.”

e. **Sugars Guideline**

General Consumers

- Most general consumers were under the impression that sugars should be limited in one's diet. With respect to a guideline which said “Go easy on beverages and foods high in added sugars,” several respondents felt that the term “go easy” was not strong, direct, clear, and professional enough. The word “limit” was preferred over “go easy on.”
- Examples of food and beverages with added sugar were easy to identify and included: soda, juices, cereal, canned fruits, alcohol, all processed foods, etc. Respondents identified sodas, juice drinks, ice cream, and cereals as being particularly high in sugar.

Health Professionals

- Health professionals did not like the expression “ go easy,” and said “limit yourself” was a better choice of words.

f. **Salt/Sodium Guideline**

General Consumers

- Most respondents did not know whether there was a difference between salt and sodium, and they were under the impression that all diets should be low in sodium.
- Older Americans were particularly aware of salt content. Most participants could identify some foods other than salt that were high in sodium, such as soy sauce, pickles, hot sauce, meat tenderizer, canned vegetables, ketchup, processed meats, frozen meals, MSG, teriyaki sauce, meat marinades, bottled water, and some medicines.
- Most respondents liked the wording of “Choose and prepare foods with less sodium and salt.” They said it was easily understood, since the word “less” clearly indicated “cut down,” or “use less than one usually does use.”

- Everyone felt the proposed guideline applied to foods eaten at home and away from home; however, it was pointed out that one generally could not know how much sodium was in foods prepared away from home.

Health Professionals

- Health professionals used the expression “no salt (no added salt)” or “low salt” instead of “moderate” with their clients.

g. Alcohol Guideline

General Consumers

- The word “moderation” meant different things to general consumers. Most frequently cited understandings of the guideline were “less than three drinks a day,” “What you can tolerate,” “not in excess,” “not to the point of impairment.” When looking at the definition of “moderate” in the guideline, most people thought the guideline was low and not moderate.
- When asked about combining the benefits and risks of alcohol consumption in the same statement, a number of the participants felt that both should be included. Others felt that including both would be contradictory, saying that on the one hand it was good for you and on the other hand saying not to drink too much. Among men, the general consensus was that including benefits would help people rationalize their drinking.
- As for the nondrinkers, many respondents did not believe that such a guideline on alcohol would encourage them to drink.

Health Professionals

- Most health professionals felt the term “moderation” should be defined clearly.
- Many health professionals believed combining information about both risks and benefits was confusing and contradicting, and preferred to include only the risks in the guideline.
- Many said including benefits would encourage people who drank to increase the amount and frequency in which they consumed alcohol.

h. **Food Safety Guideline**

General Consumers

- When asked about food safety, some participants did not immediately understand the term, thinking it meant eating a proper diet.
- When they were asked about how they kept food safe, most understood the concept, mentioning some ways to protect food, such as “refrigerate perishables” “don’t thaw food on the counter,” “clean counters,” “keep meat in the bottom of refrigerator,” “don’t cross-use utensils and plates,” “use plastic bags instead of using foil,” “don’t let food touch,” and “don’t use rags to wash counters.”
- When asked about a guideline on food safety, all groups agreed that the topic was important.
- All participants agreed that a guideline on food safety should be included in the DGA, and liked the expression “Handle food safely from market to table.”

Health Professionals

- Health professionals believed that information on food safety should be presented in a separate document rather than in DGA.
- When asked about the wording, “Handle foods safely from market to table,” the general feeling was that the wording was not clear, too vague, not giving enough information; several people thought it referred to carrying it safely; i.e., not dropping the bag or making sure that the bread did not get mashed.
- Many health professionals did not like the proposed guidelines on food safety. Their reaction to the proposed food safety guidelines was that information was not sufficient.

i. **Dietary Supplements**

General Consumers

- Participants named everything from vitamins and minerals to weight loss products and liquid meal replacements.
- Many respondents felt that dietary supplements were something that could be used in place of eating.

- Several general consumers thought everyone should use supplements because they "get into the system quicker."

Health Professionals

- Health professionals were knowledgeable in this area. They believed that their clients would be able to name vitamins, Ensure, and Sustical as dietary supplements.

(4) Efficacy of the Dietary Guidelines

General Consumers

- Many respondents said the food guide pyramid was the most useful part of the DGA.
- Many said they would use the information contained in the DGA in meal planning.
- Many general consumers suggested that the food guide pyramid be presented in a way that families could attach it on the wall or the refrigerator.

Health Professionals

[This section was not administered to Health Professionals.]

(5) Ideas for Disseminating the Guidelines

General Consumers

- Most respondents preferred a format of grouping the ten guidelines into three groups instead of all ten in a row; they felt it was easier to read and understand.
- Suggested ways to disseminate the DGA were as follows: use booklets, radio, TV information sheets; mail to every household in America; develop computer games; make a cartoon for children; disseminate in grocery stores, health clubs, social agencies, food stamp offices, pharmacies, doctors offices; do a TV infomercial; show messages for children on Saturday morning TV; design a stamp collection; and prepare bilingual booklets.

Health Professionals

- Health professionals agreed with the general public that the grouped format was the preferred way to present the guidelines and that it was easier to read.
- Health professionals suggested the following ways to disseminate the DGA: include a section in the back of the booklet that would help users actively participate in the book and help them think through what they learned, for example, a chart or questions that would help them formulate their own eating plan, create a sample meal plan and recipes; organizing more classes on nutrition, food preparation, and exercise; placing booklets in grocery stores and disseminating information through TV, newspapers, magazines, billboards, or even an 800 number.
- Like the general consumers, many health professionals like the boxed information in the 1995 DGA and the section on “Advice for Today.”

4.2 RECOMMENDATIONS

Based on the findings from the initial focus group testing, the research team recommends the following priorities for future actions regarding the Dietary Guidelines.

(1) Increase Awareness of the Dietary Guidelines

Because a vast majority of the respondents had not heard or ever seen a copy of the DGA booklet, the first priority is to develop an action plan to widen the circulation of the guidelines. This should be combined with multifaceted dissemination techniques through various media. This is most important in delivering the message to all Americans. A majority of the focus group participants found the information contained in the DGA to be useful, and appeared interested in applying some of the guidelines in their meal plans and food selections.

(2) Make Multiple Types of Materials

To have the information of DGA reach a wider population, the Dietary Guidelines should be developed into multiple forms in addition to a booklet. The DGA booklet is an important reference document, especially among the health professionals. Other formats to be considered include: separate guidelines pamphlets, tip sheets, a food pyramid card or magnet, education materials for schools, and a web document, as well as bilingual booklets. Once individuals find the materials interesting and useful, they may follow-up to seek further information.

(3) **Avoid Ambiguous and Negative Concepts**

All concepts or terms in the Dietary Guidelines should be clearly defined and easily understood by the general public. There is a need to avoid ambiguity and negative connotation in the wordings. For example, terms such as "moderate," and "serving size," etc., must be well defined and operationalized, and provided with reference points and examples. The term "diet" is generally not well received by the focus group participants. Other concepts or guidelines should also be put in simple and straightforward language and avoid being too scientific or too abstract. The main objective is to reach out to people of all walks of life.

APPENDIX A

**Nutrition And Your Health:
Dietary Guideline For Americans**

Fourth Edition, 1995

**U.S. Department of Agriculture
U.S. Department of Health and Human Services**

APPENDIX B

Focus Group Participants Screener

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection unless it displays a valid OMB Control Number. The valid OMB Control Number for this collection is 0584-0495. The time required for this collection is estimated to average fifteen minutes for each instrument per response including the time to review instructions, search existing data sources, gather the needed data, and complete and review the information collection.

PARTICIPANT SCREENER

(Recruit 12 respondents to get 8-10 participants for each group.)

Hello, my name is _____ from _____, a behavioral research firm. We are conducting a study on health issues with people who are 25 years of age and older. Is now a convenient time to answer a few questions?

PEOPLE WHO RESPOND "YES" TO FIRST TWO CATEGORIES BELOW - CONSIDER FOR HEALTH PROFESSIONAL GROUP*

1. Please tell me if anyone living in your household is employed as a:
doctor, nurse, or other health professional

No.....Continue

*Yes.....THANK & END
(Consider for health professional group)

Nutritionist or food service provider

No.....Continue

*Yes.....THANK & END
(Consider for health professional group)

Marketing research or advertising employee

No.....Continue

Yes.....THANK & END

TO RECRUIT FOR HEALTH PROFESSIONAL GROUP

I.A. Are you currently employed or pursuing an educational program in the field of medicine, nutrition education, dietary counseling, nursing, or a related health profession?

No.....THANK & END
Yes.....Continue

I.B. Please tell me if anyone living in your household works in marketing research or advertising.

No.....Continue
Yes.....THANK & END

2. Which of the following conditions, if any, exist in your household that would affect the types of food served to members of the household? (READ LIST)

Someone is allergic to certain foodsTHANK & END
Someone is on a medically prescribed dietTHANK & END
Someone has a health condition such as heart disease, cancer, diabetes, or high cholesterol.....THANK & END
Someone is a vegetarianTHANK & END

3. Gender

(NOTE: Obtain respondents of both sexes)

Female1
Male2

4. What is your marital status?

Single (includes divorced, widowed, separated) 1 (Recruit at least 4 per group)
Married 2 (Recruit at least 4 per group)

5. Do you work outside of your home?

Yes, full-time 1 (Recruit at least 4 per group)
Yes, part-time (at least 10 hours/week) 2 (Recruit at least 2 per group)
No, not employed 3 (Recruit at least 1 per group)

6. Are you younger than 25; between the ages of 25 and 40; between the ages 41 and 60; older than 60?

(NOTE: One half of participants in each group should be between 25-40 and the other half should be 41-60 years of age.)

Younger than 25	1 (THANK & END)
25 through 40	2
41 through 60	3
Older than 60	4 (USE FOR OLDER GROUP)

7. What is the last grade you completed in school?

(NOTE: OBTAIN A MIX OF LEVELS, that is, at least one person from each educational group.

Less than high school	1 (THANK & END)
Some high school	2
High school diploma	3
Some college	4
College degree	5

ASK ALL EXCEPT HEALTH PROFESSIONALS

- 7A. Do you consider yourself an expert on nutrition?

No.....Continue

Yes.....THANK & END

8. To make sure we are talking to a wide range of people in your area, please tell me to which ethnic background do you belong. (READ LIST)

Hispanic or Latino	1
Not Hispanic or Latino	2

9. Please tell me to which racial background you belong. Select one or more. (READ LIST)

(NOTE: OBTAIN A MIX OF ETHNIC & RACIAL BACKGROUNDS)

Black or African American	1
Asian	2
White	3
American Indian or Alaska Native	4
Native Hawaiian or Other Pacific Islander	5
DO NOT READ. Report if they provide "other"	6

and specify

10. Which of the following categories contains your household's yearly income?

(NOTE: OBTAIN A MIX OF INCOME LEVELS above \$25,000.)
(That is, at least one person from all three income groups)

Under \$25,000	1 (Ask question 10a)
\$25,000 to \$50,000	2
Over \$50,000 to \$75,000	3
Over \$75,000	4

TO RECRUIT FOR FOOD STAMP RECIPIENT FOCUS GROUPS ask 10a of
respondents who are in the under \$25,000 income group.

10A. Does your household currently receive food stamps?

Yes 1

No 2 (THANK & END)

TO RECRUIT FOR OVERWEIGHT FOCUS GROUPS

10B. Could you tell me how tall you are? (See attached chart for height/weight.)

_____ feet _____ inches

10C. And, can you tell me if you weigh less than or more than X pounds (from attached chart)?

11. Have you been paid to participate in a focus group or other group discussion in the past 6 months?

Yes 1 (THANK & END)
No 2

12. We would like to ask you to participate in a group discussion. During this discussion, you will be asked to read some information and give us your opinions about the information. Would this be a problem for you?

Yes 1 (THANK & END)
No 2

PARTICIPANT INVITATION

We are holding focus group discussions about food and nutrition in your area and we would like to include your opinions. During a focus group session, you will have an opportunity to talk with other adults from your area and share your thoughts on the subject matter. The session will last about two hours. You will not be asked to buy any products nor will you be contacted at a later date. We are simply interested in your opinions.

For participating in the session, you will receive \$50. A light dinner will be served. Will you be able to join us on.....?

<u>Group</u>	<u>City</u>	<u>Day</u>	<u>Time</u>

Yes Continue

No..... **THANK & END**

May we have your name and address so that we can send you a confirmation card or reminder?

ATTACHMENT

Screening Weight for Men and Women
(BMI = 29)

<u>Height</u>	<u>Weight</u>
5'0	143
5'1	153
5'2	158
5'3	163
5'4	169
5'5	174
5'6	179
5'7	185
5'8	190
5'9	196
5'10	202
5'11	207
6'0	213
6'1	219
6'2	225
6'3	231
6'4	238
6'5	244

APPENDIX C

Focus Group Moderator's Guide

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection unless it displays a valid OMB Control Number. The valid OMB Control Number for this collection is 05840495. The time required for this collection is estimated to average four hours for each instrument per response including the time to review instructions, search existing data sources, gather the needed data, and complete and review the information collection.

INITIAL FOCUS GROUP TESTING MODERATOR'S GUIDE

I. Self-introduction and Warm Up (5 minutes)

1. Introduce self and describe the role of the moderator.
2. Explain how focus groups work and the main objective of the research project.
3. Describe the use of microphones, recording machines, and the one-way mirror.
4. Provide assurance of privacy.
5. Explain ground rules of the group process.

INSTRUCTIONS: Read the following aloud—"We need input from each of you to make this effort successful."

II Ice Breaker: Food Selection and Eating Habits (5 minutes)

Please introduce yourself and tell us briefly what types of food you usually purchase and how you make your selections.

III. Knowledge of the Dietary Guidelines for Americans (5 minutes)

INSTRUCTIONS: Hand each individual a copy of the Dietary Guidelines for Americans (DGA).

1. Have you ever heard of this booklet?
2. For those who have heard or seen this booklet, how have you used its content?

[PROBE: Have you used it for making food selections or purchases?]

[PROBE: Have you used it as the basis of conversations with your family?]

For HEALTH PROFESSIONALS only (20 minutes)

1. How have you used this booklet? What other materials have you used to help your clients understand and/or use the DGA when making food choices? How would you describe your familiarity with this booklet?
2. How have you used the DGA in your work?

[PROBE: Did you use this booklet as a hand-out for your clients or did you use it as a reference for yourself? Did you have to interpret the information for your client?]

3. Compared to other similar materials, is this booklet easy to use and understand? How do you rate this booklet in general?
4. What is your perception of your clients' understanding of the DGA.
5. What would make the DGA more useful to you and your clients?

IV Understanding of the Dietary Guidelines (75 minutes)

1. General

- What does the word "diet" mean to you as it is used in these Guidelines?

[PROBE: Does it mean making food choices for a healthy life, or does it create a negative impression?]

- What other words or phrases could you suggest using to refer to food choices?

[PROBE: What do the phrases "eating patterns" and "food choices" mean to you?]

2. Variety Guideline (page 5)

- Instead of "Eat a variety of foods", what is your reaction to a guideline that might say: "Adapt the Pyramid to Plan Your Healthful Eating Pattern"? How does this differ from "Eat a variety of foods"?
- How would you interpret a guideline that said "adapt the Pyramid" instead of "use the Pyramid"?
- How would you interpret a guideline that said "Use the Pyramid to shape your eating pattern" instead of "Use the Pyramid to plan your eating pattern"?
- How would you interpret including the word "healthful" in front of "eating

- pattern”?
- How would you use or apply this guideline?

3. Physical activity – weight guideline (page 15)

- What does the term “healthy weight” mean to you? How does it differ from “normal weight” or “desirable weight”?
- How do you think “Achieve and maintain a healthy weight” differs from the current guideline that says “maintain or improve your weight”?
- Are you familiar with the term “Body Mass Index”? If yes, please describe.

INSTRUCTIONS: If participants are not familiar with the term, tell them that the Body Mass Index is a way of using height and weight to determine if a person is at risk for developing chronic diseases such as high blood pressure, diabetes, and certain types of cancer.

- Here are 2 ways to determine whether your weight is in the healthy weight range.

INSTRUCTIONS: Distribute Format A, a brief time later hand out Format B.

- Which of these would you be most likely to use to assess your own weight and why?
- What does the phrase “physical activity” mean to you? How important is physical activity for good health?
- What do you think about having a separate guideline on physical activity that might say: “Include daily physical activity in your life”?

4. Grain products, vegetables, and fruits guideline (page 22)

- What is a grain product?

[PROBE: Name some grain products.]

- What are whole grain products?

[PROBE: Name some whole grain products.]

- Do you think it is important to eat whole grain products—why or why not?

[PROBE: How do you think eating whole grains might affect your health?] .

- What might keep you from eating more whole grain products?
- The current guideline states: "Choose a diet with plenty of grain products, vegetables, and fruits."
- What is your reaction to having 2 separate guidelines—one on fruits and vegetables and one on grains?
- If the guideline was changed to "Choose a variety of grain products daily, especially whole grains" how would it affect the food choices you make?

[PROBE: Would it affect how you think about enriched grain products, such as white bread and many cereals?]

- In terms of grain products like bread, pasta, and cereal, what does a "serving" mean to you? Does this differ from a "portion"?
- If there is a separate guideline for grains, two possible alternatives for the fruit and vegetable part of the guideline are: "Choose a variety of fruits and vegetables daily" and "Eat plenty of different fruits and vegetables every day." Which of these is more meaningful to you? Why?

[PROBE: Does "different fruits and vegetables" mean the same thing as "variety of fruits and vegetables"?]

- What does the word "plenty" mean to you in relation to eating fruits and vegetables?

5. Fat Guideline (page 26)

- Notice the current recommendation about limiting dietary fat (on page 27). Do you think the level of dietary fat currently recommended (30% of calories from fat) is "low" or "moderate"? What do the terms "low" or "moderate" mean to you in relation to fat in the diet?
- What do the terms "saturated fat" or "cholesterol" mean to you?
- The current Guidelines say: "Choose a diet low in fat, saturated fat, and cholesterol" If the Guideline were to say: "Choose foods low in saturated fat, cholesterol, and total fat" how would this wording change your understanding of the advice being given?
- If the guideline were to say "Choose foods low in saturated fat and cholesterol and moderate in other fats" how would you interpret this wording?
- The message is trying to highlight decreasing saturated fat and cholesterol intake while not increasing total fat. Which of these 2 wordings best expresses that idea?

[PROBE: What differences do you perceive between "total fat" and "other fats" in these messages?]

6. Sugars guideline (page 33)

- The current Dietary Guidelines state: "Choose a diet moderate in sugars." What does "moderate" mean to you in relation to sugars in the diet?
- What does the term "added sugars" mean to you? What are some examples of beverages and foods with added sugars?
- When you hear the term "added sugars", what beverages and foods do you think of as being high in added sugars?
- What is your reaction to a guideline that might state: "Go easy on beverages and foods high in added sugars"?

7. Salt/Sodium Guideline (page 33)

- What does the term "sodium" mean to you? The current Dietary Guidelines state: "Choose a diet moderate in salt and sodium." Why do you think the guideline uses both "salt" and "sodium"? Name some foods or seasonings, other than salt, that are high in sodium.
- In terms of dietary intake of salt and sodium, what does the term "moderate" mean to you?
- What would be your reaction to a guideline that might state: "Choose and prepare foods with less sodium and salt"?

[PROBE: Does "choose and prepare" mean both foods away from home and at home?]

[PROBE: What does "less sodium and salt" mean in comparison to "moderate"?]

8. Alcohol Guideline (page 40)

- The current guideline states: "If you drink alcoholic beverages, do so in moderation." What does "moderation" mean to you in terms of alcohol intake?
- What is your reaction to combining information on both the benefits and risks of drinking alcohol in the same guideline?

[PROBE: Do you think that presenting information on the benefits of alcohol may encourage non-drinkers to drink?]

9. Food Safety

- What does the term "food safety" mean to you?
- What do you do when you buy and/or prepare food to keep it safe?
- How do you feel about having a guideline about food safety included in the Dietary Guidelines?

[PROBE: Do you think it logically fits or do you think that food safety messages should be presented in a separate document?]

- What is your reaction to this wording for a food safety guideline: "Handle Foods Safely From Market to Table".

10. Dietary Supplements

- What do you think of when you hear the term "dietary supplement"? Name some common dietary supplements.

[PROBE: How does the term "dietary supplement" differ from "vitamin and mineral supplement"]

V. Efficacy of the Dietary Guidelines (10 minutes) (DO NOT ADMINISTER TO HEALTH PROFESSIONALS)

Finally, let's talk a little about the impact of the DGA on your daily life.

1. How are these Guidelines, or any part of them, applicable to you and your family's regular eating habits?

[PROBE: How do you intend to use the Guidelines in meal planning?]

2. What food selection behavior will you change (or have you changed) based on the recommendations in the Guideline recommendations?

VI. Ideas for Disseminating the Guidelines Messages to the Public (15 minutes)

INSTRUCTIONS: Read the following aloud- "I am going to show you two possible formats for the next edition of the Dietary Guidelines." Distribute Format A, containing 10 guidelines in a row and Format B. containing 10 guidelines in three groups.

1. Which of these formats do you prefer and why?

[PROBE: Which of these two formats is easiest to read and understand? Does grouping the list into 3 boxes mean anything to you?]

2. How should the information contained in the DGA be presented?

[PROBE: Should the information be presented in a booklet, on the radio, in a TV ad, etc.]

3. What content should be included?

[PROBE: Should "Advice for Today" on page 14 and/or boxed information on page 16 be continued?]

4. What can be done to help you put the messages contained in the Guidelines into action?

VII. THANK YOU AND CLOSE

APPENDIX D

Initial Focus Group Testing Handouts

APPENDIX E

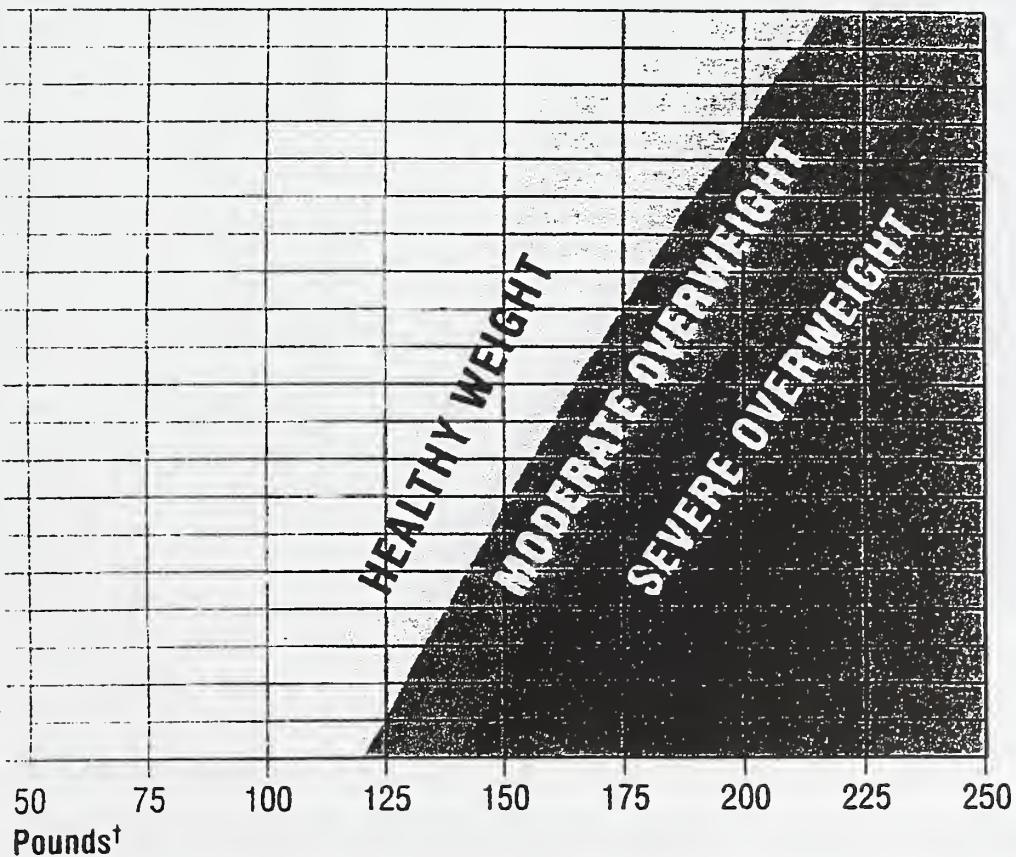
Body Mass Index

Format A
Format B

What Weight Group Are You In?

Height*

6' 6"
6' 5"
6' 4"
6' 3"
6' 2"
6' 1"
6' 0"
5' 11"
5' 10"
5' 9"
5' 8"
5' 7"
5' 6"
5' 5"
5' 4"
5' 3"
5' 2"
5' 1"
5' 0"
4' 11"
4' 10"



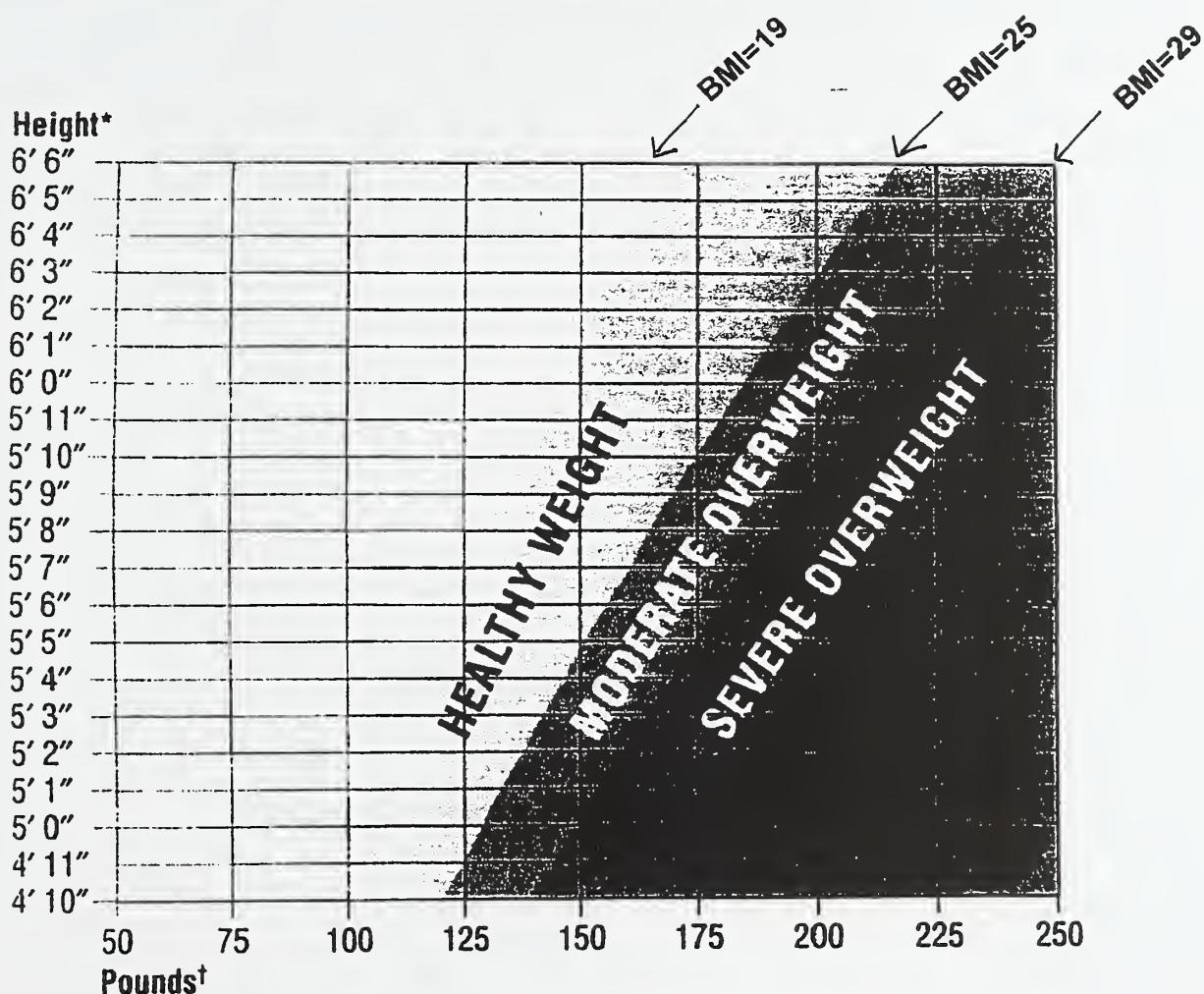
* Without shoes.

† Without clothes. The higher weights apply to people with more muscle and bone, such as many men.

Directions: Find your weight on the bottom of the graph.

Go straight up from that point until you come to the line that matches your height. Then look to find your weight group.

What Weight Group Are You In?



* Without shoes.

† Without clothes. The higher weights apply to people with more muscle and bone, such as many men.

Directions: Find your weight on the bottom of the graph.

Go straight up from that point until you come to the line that matches your height. Then look to find your weight group.

- ▶ BMI of 25 defines the upper boundary of healthy weight
- ▶ BMI higher than 25 up to 29 defines overweight
- ▶ BMI higher than 29 defines severe overweight



APPENDIX F

Dietary Guidelines For Americans

Format A
Format B



Dietary Guidelines for Americans

Use the Pyramid to plan your eating pattern.

Choose a variety of grain products daily, especially whole grains.

Choose a variety of fruits and vegetables daily.

Handle foods safely from market to table.

Achieve and maintain a healthy weight.

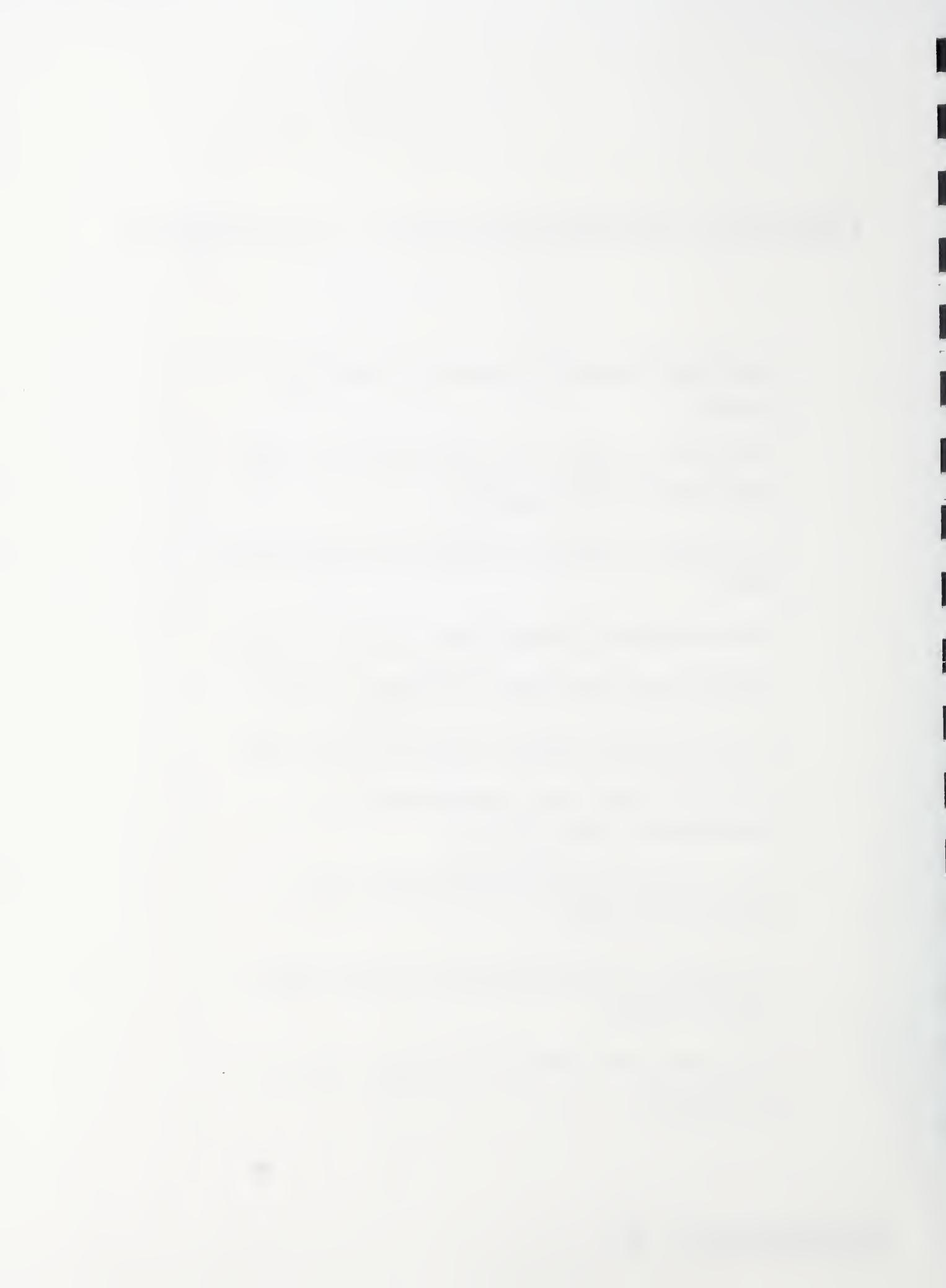
Include daily physical activity in your life.

Choose foods low in saturated fat, cholesterol, and total fat.

Choose and prepare foods with less sodium and salt.

Go easy on beverages and foods high in added sugars.

If you drink alcoholic beverages, do so in moderation.



Dietary Guidelines for Americans

Use the Pyramid to plan your eating pattern.

Choose a variety of grain products daily, especially whole grains.

Choose a variety of fruits and vegetables daily.

Handle foods safely from market to table.

Achieve and maintain a healthy weight.

Include daily physical activity in your life.

Choose foods low in saturated fat, cholesterol, and total fat.

Choose and prepare foods with less sodium and salt.

Go easy on beverages and foods high in added sugars.

If you drink alcoholic beverages, do so in moderation.

FORMAT B

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